

District I
1625 N. French Dr., Hobbs, NM 88241
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources
Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-104
Revised August 1, 2011

Submit one copy to appropriate District Office

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COG Operating LLC 2208 W. Main Street Artesia, NM 88210		² OGRID Number 229137
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 015-44505	⁵ Pool Name Upper Wolfcamp	⁶ Pool Code 98228
⁷ Property Code 320812	⁸ Property Name Ushanka Federal Com	⁹ Well Number 23H

II. ¹⁰ Surface Location

Ul or lot no. B	Section 1	Township 26S	Range 35E	Lot Idn	Feet from the 210	North/South Line North	Feet from the 1650	East/West line East	County Lea
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¹¹ Bottom Hole Location

Ul or lot no. G	Section 12	Township 26S	Range 35E	Lot Idn	Feet from the 2435	North/South Line North	Feet from the 1696	East/West line East	County Lea
¹² Lse Code S	¹³ Producing Method Code F	¹⁴ Gas Connection Date 8/26/18	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
	Alpha Crude Connector Pipeline	O
	Targa Midstream Services, LP 1000 Louisiana Ste 4700 Houston, TX 77002	G

IV. Well Completion Data

²¹ Spud Date 4/6/18	²² Ready Date 8/26/18	²³ TD 19335'	²⁴ PBDT 19190'	²⁵ Perforations 12182-19185'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
14 3/4"	10 3/4"	923'	750		
9 7/8"	7 5/8"	11555'	2075		
6 3/4"	5 5 1/2"	19335' 11100'	1635		
	2 7/8"	11263'			

V. Well Test Data

³¹ Date New Oil 8/25/18	³² Gas Delivery Date 8/26/18	³³ Test Date 8/25/18	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 4000#	³⁶ Csg. Pressure 1600#
³⁷ Choke Size 14/64	³⁸ Oil 79	³⁹ Water 814	⁴⁰ Gas 0	⁴¹ Test Method Flowing	

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Amanda Avery*

Printed name:
Amanda Avery

Title:
Regulatory Tech

E-mail Address:
aavery@concho.com

Date:
10/08/18

Phone:
575-748-6962

OIL CONSERVATION DIVISION

Approved by:

Title: *Petroleum Engineer*

Approval Date:

10/12/18

*Pending Receipt of PLAS
Completion Form*

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

OCT 12 2018

SUBMIT IN TRIPLICATE - Other instructions on page 2

5. Lease Serial No.
NMNM117126

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
USHANKA FEDERAL COM 23H9. API Well No.
30-025-4450510. Field and Pool or Exploratory Area
UPPER WOLFCAMP11. County or Parish, State
LEA COUNTY, NM

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: AMANDA AVERY
E-Mail: aavery@concho.com3a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-6940

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 1 T26S R35E NWNE 210FNL 1650FEL
32.078996 N Lat, 103.318049 W Lon

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

6/16/18 - 7/9/18 Test csg to 1500# for 30 min. Test good. Set CBP # 19,210'. Test to 5400#.
Perf 12,182-19,185'. (1560) Acdz w/ 119,448 gal 7 1/2% acid; frac w/ 17,830,770# sand & 16,831,416 gal fluid.

7/14/19-7/15/18 Drilled out all frac plugs and cleaned down to CBP @ 19,210'

7/21/18 Set 2 7/8" 6.5# L-80 tbg @ 11,263' & pkr @ 11,246'. Installed gas lift system.

8/25/18 Began flowing back and testing. Date of first production.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #438652 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs

Name (Printed/Typed) AMANDA AVERY

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 10/08/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTHOBBS OCD
OCT 12 2018
RECEIVEDFORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. Lease Serial No. NMNM117126		
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____			6. If Indian, Allottee or Tribe Name		
2. Name of Operator COG OPERATING LLC			Contact: AMANDA AVERY E-Mail: aavery@concho.com		
3. Address 2208 W MAIN STREET ARTESIA, NM 88210			3a. Phone No. (include area code) Ph: 575-748-6940		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 1 T26S R35E Mer At surface NWNE 210FNL 1650FEL 32.078996 N Lat, 103.318049 W Lon Sec 1 T26S R35E Mer At top prod interval reported below NWNE 210FNL 1650FEL 32.078996 N Lat, 103.318049 W Lon Sec 12 T26S R35E Mer At total depth SWNE 2435FNL 1696FEL 32.058354 N Lat, 103.318185 W Lon			8. Lease Name and Well No. USHANKA FEDERAL COM 23H		
14. Date Spudded 04/06/2018			15. Date T.D. Reached 05/13/2018		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 08/26/2018			9. API Well No. 30-025-44505		
18. Total Depth: MD 19335 TVD 12042			19. Plug Back T.D.: MD 19190 TVD 12042		
20. Depth Bridge Plug Set: MD 19210 TVD 12042			10. Field and Pool, or Exploratory UPPER WOLFCAMP		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)			11. Sec., T., R., M., or Block and Survey or Area Sec 1 T26S R35E Mer		
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)			12. County or Parish LEA		
23. Casing and Liner Record (Report all strings set in well)			13. State NM		
24. Tubing Record			17. Elevations (DF, KB, RT, GL)* 3036 GL		

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
6.750	5.500 P-110	23.0	0	11100		1635		0	
14.750	10.750 L-80	45.5	923			750		0	
6.750	5.000 P-110	18.0	11100	19335					
9.875	7.625 L-80	29.7	11555		4788	2075		0	

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	11263	11246						

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) UPPER WOLFCAMP	12182	19185	12182 TO 19185		1560	
B)						
C)						
D)						

Depth Interval	Amount and Type of Material

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
08/26/2018	08/26/2018	24	→	79.0	0.0	814.0			GAS LIFT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
14/64	4000	1600.0	→	79	0	814		POW	

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #438650 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
RSLR	748			RSLR	748
TOS	1148			TOS	1148
BOS	4655			BOS	4655
LMAR	5031			LMAR	5031
BLCN	5064			BLCN	5064
CYCN	5889			CYCN	5889
BYCN	7350			BCYN	7350
FBSG	9680			FBSG	9680

32. Additional remarks (include plugging procedure):

ZONE	Formation
SBSG 10190	SBSG 10190
TBSG 11498	TBSG 11498
WLMP 11837	WLMP 11837

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7. Other: | |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #438650 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs

Name (please print) AMANDA AVERYTitle AUTHORIZED REPRESENTATIVE

Signature _____ (Electronic Submission)

Date 10/08/2018

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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