

District I
1625 N. French Dr., Hobbs, NM 88240
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
Oil 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 - 025-44736	⁵ Pool Name WC025G06S223421L - Bone Spring	⁶ Pool Code 17644
⁷ Property Code 312816	⁸ Property Name Avion Federal	⁹ Well Number 301H

II. ¹⁰ Surface Location

Ul or lot no. A	Section 22	Township 23S	Range 32E	Lot Idn	Feet from the 480	North/South Line North	Feet from the 330	East/West line East	County Lea
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¹¹ Bottom Hole Location

Ul or lot no. P	Section 27	Township 23S	Range 32E	Lot Idn	Feet from the 207	North/South Line South	Feet from the 327	East/West line East	County Lea
¹² Lse Code P	¹³ Producing Method Code F	¹⁴ Gas Connection Date 12/18/18	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
	ACC	O
298751	Lucid	G

IV. Well Completion Data

²¹ Spud Date 9/10/18	²² Ready Date 12/18/18	²³ TD 19671' / 9592'	²⁴ PBTD 19578'	²⁵ Perforations 9784-19553'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	1305'	1000		
12 1/4"	9 5/8"	4853'	1500		
8 3/4"	5 1/2"	19647'	3400		
	2 7/8"	9091'			

V. Well Test Data

³¹ Date New Oil 12/18/18	³² Gas Delivery Date 12/18/18	³³ Test Date 12/18/18	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 800#	³⁶ Csg. Pressure 750
³⁷ Choke Size 31/64"	³⁸ Oil 37	³⁹ Water 3078	⁴⁰ Gas 192		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 Analyst

E-mail Address:

aavery@concho.com

Date:

02/14/19

Phone:

575-748-6962

Approved by:

Karen Sharp

Title:

Staff Mgr

Approval Date:

2-19-19

Documents pending BLM approvals will subsequently be reviewed and scanned

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.

SUBMIT IN TRIPLICATE - Other instructions on page 2		5 Lease Serial No. NMNM88163
		6 If Indian, Allottee or Tribe Name
		7 If Unit or CA/Agreement, Name and/or No
1 Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8 Well Name and No AVION FEDERAL 301H	
2 Name of Operator COG OPERATING LLC	Contact. AMANDA AVERY E-Mail aavery@concho.com	9 API Well No. 30-025-44736
3a Address 2208 W MAIN STREET ARTESIA, NM 88210	3b Phone No. (include area code) Ph: 575-748-6940	10 Field and Pool or Exploratory Area WC025G06S223421L-BONE SPR
4 Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T23S R32E Mer NMP NENE 480FNL 330FEL		11 County or Parish, State LEA COUNTY, NM

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 Hydraulic Fracture
	<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 recompleat 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 recompleat 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.

10/25/18 Test annulus to 1500# Set CBP @ 19,578' and test csg to 8,480#. Good test.

11/11/18 - 11/26/18 Perf 9,784-19,553' (1650) Acdz w/168,916 gal 7 1/2%; frac w/19,498,253# sand & 19,002,714 gal fluid

11/27/18 - 11/30/18 Drilled out CFP's. Clean down to PBTD @ 19,578'.

12/01/18 - 12/02/18 Set 2 7/8" 6.5# L-80 tbg @ 9,091' packer @ 9,073. Installed gas lift system

12/12/18 Began flowing back & testing

12/18/18 Date of first production

14. I hereby certify that the foregoing is true and correct Electronic Submission #454650 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 02/14/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
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
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 ****

Documents pending BLM approvals will
subsequently be reviewed and scanned

Department or agency of the United States

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD
FEB 18 2019
RECEIVED

FORM 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		5. Lease Serial No. NMNM88163	
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		7. Unit or CA Agreement Name and No.	
Contact: AMANDA AVERY E-Mail: aavery@concho.com		8. Lease Name and Well No. AVION FEDERAL 301H	
3. Address 2208 W MAIN STREET ARTESIA, NM 88210		9. API Well No. 30-025-44736	
3a. Phone No. (include area code) Ph: 575-748-6940		10. Field and Pool, or Exploratory WILDCAT; BONE SPRING	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NENE Lot A 480FNL 330FEL 32.296092 N Lat, 103.655031 W Lon Sec 22 T23S R32E Mer NMP At top prod interval reported below NENE Lot A 480FNL 330FEL 32.296092 N Lat, 103.655031 W Lon Sec 27 T23S R32E Mer NMP At total depth SESE Lot P 207FSL 327FEL 32.268944 N Lat, 103.655012 W Lon		11. Sec., T., R., M., or Block and Survey or Area Sec 22 T23S R32E Mer NMP	
14. Date Spudded 09/10/2018		15. Date T.D. Reached 10/12/2018 RR 10-15-18	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 12/18/2018		17. Elevations (DF, KB, RT, GL)* 3699 GL	
18. Total Depth: MD 19671 TVD 9603		19. Plug Back T.D.: MD 19578 TVD 9603	
20. Depth Bridge Plug Set: MD 19578 TVD 9603		21. Type Electric & Other Mechanical Logs Run (Submit copy of each)	
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)			

23. Casing and Liner Record (Report all strings set in well)

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
17.500	13.375 J55	54.5	0	1305		1000		0	
12.250	9.625 L80	40.0	0	4853		1500		0	
8.750	5.500 P110	17.0	0	19647		3400		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	9091	9073						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9784	19553	9784 TO 19553		1650	
B)						
C)						
D)						

26. Perforation Record

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
9784 TO 19553	SEE ATTACHED

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
12/18/2018	12/18/2018	24	→	37.0	192.0	3078.0			GAS LIFT
Choke Size	Tbg. Press. Flwg. 800 SI	Csg. Press. 750.0	24 Hr. Rate →	Oil BBL 37	Gas MCF 192	Water BBL 3078	Gas:Oil Ratio	Well Status POW	

28a. Production - Interval B

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		

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

ELECTRONIC SUBMISSION #454653 VERIFIED BY THE BLM WELL INFORMATION SY.

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED

Documents pending BLM approvals will subsequently be reviewed and scanned
...ED **

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
RUSTLER	1189			RUSTLER	1189
TOP OF SALT	1651			TOP OF SALT	1651
BOTTOM OF SALT	4665			BOTTOM OF SALT	4665
LAMAR	4920			LAMAR	4920
BELL CANYON	4966			BELL CANYON	4966
CHERRY CANYON	5823			CHERRY CANYON	5823
BRUSHY CANYON	7518			BRUSHY CANYON	7518
BONE SPRING LIMESTONE	8779			BONE SPRING LIMESTONE	8779

32. Additional remarks (include plugging procedure):

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 #454653 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 02/14/2019

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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