

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 - 025-44713	⁵ Pool Name Bobcat Draw; Upper Wolfcamp	⁶ Pool Code 98094
⁷ Property Code 321209	⁸ Property Name Dominator 25 Federal Com	⁹ Well Number 702H

II. ¹⁰ Surface Location

UI or lot no. P	Section 25	Township 25S	Range 33E	Lot Idn	Feet from the 280	North/South Line South	Feet from the 690	East/West line East	County Lea
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¹¹ Bottom Hole Location

UI or lot no. A	Section 25	Township 25S	Range 33E	Lot Idn	Feet from the 215	North/South Line North	Feet from the 972	East/West line East	County Lea
¹² Lse Code P	¹³ Producing Method Code F	¹⁴ Gas Connection Date 2/14/19	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	ETC	G

IV. Well Completion Data

²¹ Spud Date 6/11/18	²² Ready Date 2/14/19	²³ TD 17392'	²⁴ PBTB 17277'	²⁵ Perforations 13,080-17,049'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
14 3/4"	10 3/4"	1230'	965		
9 7/8"	7 5/8"	11867'	2150		
6 3/4"	5 1/2"	17392'	1300		
	2 7/8"	11456'			

V. Well Test Data

³¹ Date New Oil 2/14/19	³² Gas Delivery Date 2/14/19	³³ Test Date 2/14/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 3625#	³⁶ Csg. Pressure 1850#
³⁷ Choke Size 15/64"	³⁸ Oil 42	³⁹ Water 2158	⁴⁰ Gas 105		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:
03/19/19

Phone:
575-748-6962

OIL CONSERVATION DIVISION

Approved by:

[Signature]

Title:

Approval Date:

03/25/19

Petroleum Engineer

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

MAR 21 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. NMNM114987		
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. DOMINATOR 25 FEDERAL COM 702H		
3. Address 2208 W MAIN STREET ARTESIA, NM 88210			9. API Well No. 30-025-44713		
3a. Phone No. (include area code) Ph: 575-748-6940			10. Field and Pool, or Exploratory BOBCAT DRAW; WOLFCAMP		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SESE Lot P 280FSL 690FEL 32.095032 N Lat, 103.519755 W Lon At top prod interval reported below SESE Lot P 280FSL 690FEL 32.095032 N Lat, 103.519755 W Lon At total depth NENE Lot A 215FNL 972FEL 32.108171 N Lat, 103.520664 W Lon			11. Sec., T., R., M., or Block and Survey or Area Sec 25 T25S R33E Mer NMP		
14. Date Spudded 06/11/2018			15. Date T.D. Reached 07/14/2018		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 02/14/2019			17. Elevations (DF, KB, RT, GL)* 3324 GL		
18. Total Depth: MD 17392 TVD 12825		19. Plug Back T.D.: MD 17277 TVD 12825		20. Depth Bridge Plug Set: MD 17277 TVD 12825	
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
14.750	10.750 L80	45.5	0	1230		1150		0	
9.875	7.625 L80	29.7	0	11867	5111	2150		0	
6.750	5.500 P110	23.0	0	17392		1300		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	11456	11446						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	13080	17049	13080 TO 17049		768	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
13080 TO 17049	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
02/14/2019	02/14/2019	24	→	42.0	105.0	2158.0			GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
15/64	SI 3625	1850.0	→	42	105	2158		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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

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

ELECTRONIC SUBMISSION #458574 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
RUSTLER	1024			RUSTLER	1024
TOP OF SALT	1386			TOP OF SALT	1386
BOTTOM OF SALT	4922			BOTTOM OF SALT	4922
LAMAR	5168			LAMAR	5168
BELL CANYON	5211			BELL CANYON	5211
CHERRY CANYON	6217			CHERRY CANYON	6217
BRUSHY CANYON	7823			BRUSHY CANYON	7823
BONE SPRING LIMESTONE	9329			BONE SPRING LIMESTONE	9329

32. Additional remarks (include plugging procedure):

1ST BONE SPRING 10316
2ND BONE SPRING 10904
3RD BONE SPRING 11976
WOLFCAMP 12402

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 #458574 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 03/19/2019

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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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.*HOBBS OCD
MAR 21 2019
RECEIVED5. Lease Serial No.
NMNM114987

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
DOMINATOR 25 FEDERAL COM 702H9. API Well No.
30-025-4471310. Field and Pool or Exploratory Area
BOBCAT DRAW; WOLFCAMP11. County or Parish, State
LEA COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

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 25 T25S R33E Mer NMP SESE 280FSL 690FEL
32.095032 N Lat, 103.519755 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	Hydraulic Fracture
	<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.

11/16/18 Test annulus to 1500# Set CBP @ 17,277' and test csg to 11,202#. Good test.

12/13/18 to 12/22/18 Perf 13,080-17,049' (875). Acdz w/78,366 gal 7 1/2%; frac w/ 8,738,358# sand & 10,327,653 gal fluid.

1/12/19 to 1/13/19 Drilled out CFP's. Clean down to PBTD @17,277'.

1/17/19 -1/22/19 Set 2 7/8" 6.5# L-80 tbg @ 11,456' packer @ 11,446'. Installed gas lift system.

2/14/19 Began flowing back & testing and date of first production.

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

**Electronic Submission #458575 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 03/19/2019

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 ****

