

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

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 - 025-45098	⁵ Pool Name Berry; Bone Spring, North	⁶ Pool Code 5535
⁷ Property Code 322258	⁸ Property Name Little Bear Federal Com	⁹ Well Number 1H

II. ¹⁰ Surface Location

UI or lot no. M	Section 34	Township 20S	Range 34E	Lot Idn	Feet from the 387	North/South Line South	Feet from the 690	East/West line West	County Lea
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¹¹ Bottom Hole Location

UI or lot no. D	Section 34	Township 20S	Range 34E	Lot Idn	Feet from the 190	North/South Line North	Feet from the 666	East/West line West	County Lea
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 6/23/19	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
	Targa Midstream Services, LP 1000 Louisiana Ste 4700 Houston, TX 77002	G
	Holly Refining and Marketing Co.	O

IV. Well Completion Data

²¹ Spud Date 10/21/18	²² Ready Date 6/23/19	²³ TD 16062'	²⁴ PBSD 15994'	²⁵ Perforations 11,542-15,976'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	1817'	1250		
12 1/4"	9 5/8"	5670'	2800		
8 3/4"	5 1/2"	16050'	2850		
	2 7/8"	10,971'			

V. Well Test Data

³¹ Date New Oil 6/23/19	³² Gas Delivery Date 6/23/19	³³ Test Date 6/23/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 1500#	³⁶ Csg. Pressure 1100#
³⁷ Choke Size 24/64"	³⁸ Oil 163	³⁹ Water 1854	⁴⁰ Gas 257		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:
7/17/19

Phone:
575-748-69

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

Documents pending BLM approvals
will subsequently be reviewed and
scanned.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTHOBBS OGD
AUG 01 2019FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.
NMNM128368

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name	
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"/> Other		7. Unit or CA Agreement Name and No.	
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)* At surface SWSW 387FSL 690FWL 32.523392 N Lat, 103.554401 W Lon At top prod interval reported below SWSW 387FSL 690FWL 32.523392 N Lat, 103.554401 W Lon At total depth NWNW 190FNL 666FWL 32.536320 N Lat, 103.554505 W Lon		8. Lease Name and Well No. LITTLE BEAR FEDERAL COM 1H	
14. Date Spudded 10/21/2018		9. API Well No. 30-025-45098	
15. Date T.D. Reached 11/24/2018		10. Field and Pool, or Exploratory BERRY; BONE SPRING, NORTH	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 06/23/2019		11. Sec., T., R., M., or Block and Survey or Area Sec 34 T20S R34E Mer NMP	
17. Elevations (DF, KB, RT, GL)* 3791 GL		12. County or Parish LEA	
18. Total Depth: MD 16062 TVD 11319		13. State NM	
19. Plug Back T.D.: MD 15994 TVD 11319		20. Depth Bridge Plug Set: MD 16001 TVD 11319	
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 Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	1817		1250		0	
12.250	9.625 J55	40.0	0	5670	3709	2800		0	
8.750	5.500 P110	20.0	0	16050	0	2850		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	10971	10961						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	11542	15976	11542 TO 15976		690	OPEN
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
11542 TO 15976	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
06/23/2019	06/23/2019	24	→	163.0	257.0	1854.0			GAS LIFT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
24/64	1500	1100.0	→	163	257	1854		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	Well Status	
			→						

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

ELECTRONIC SUBMISSION #475174 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	1729			RUSTLER	1729
TOP OF SALT	2135			TOP OF SALT	2135
BOTTOM OF SALT	3401			BOTTOM OF SALT	3401
BRUSHY CANYON	8376			BRUSHY CANYON	8376
BONE SPRING LIMESTONE	8737			BONE SPRING LIMESTONE	8737
2ND BONE SPRING	10381			2ND BONE SPRING	10381
3RD BONE SPRING	11244			3RD BONE SPRING	11244

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 #475174 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs

Name (please print) AMANDA AVERYTitle AUTHORIZED REPRESENTATIVESignature (Electronic Submission)Date 07/25/2019

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****SUBMIT IN TRIPLICATE - Other instructions on page** **AUG 01 2019**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM128368
2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY E-Mail: aavery@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6940	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 34 T20S R34E Mer NMP SWSW 387FSL 690FWL 32.523392 N Lat, 103.554401 W Lon		8. Well Name and No. LITTLE BEAR FEDERAL COM 1H
		9. API Well No. 30-025-45098
		10. Field and Pool or Exploratory Area BERRY; BONE SPRING, NORTH
		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 checked="" 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 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.

2/17/19 Test annulus to 1500# Set Composite Bridge plug @ 16,001' and test csg to 9505#. Good test.

4/18/19 to 4/25/19 Perf 11,542-14,976' (690). Acdz w/36,456 gal 7 1/2%; frac w/ 9,214,475# sand & 7,641,270 gal fluid.

5/28/19 to 5/29/19 Drilled out CFP's. Clean down to PBTD @15994'.

6/13/19 6/14/19 Set 2 7/8" 6.5# L-80 tbg @ 10,971' packer @ 10,961'. Installed gas lift system.

6/23/19 Began flowing back & testing. Date of first production.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #475182 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 07/25/2019

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 ****