

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 PERMISSIBLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address COG Operating LLC 2208 W. Main Street Artesia, NM 88210		<sup>2</sup> OGRID Number 229137
		<sup>3</sup> Reason for Filing Code/ Effective Date NW
<sup>4</sup> API Number 30 - 025-45100	<sup>5</sup> Pool Name Berry; Bone Spring, North	<sup>6</sup> Pool Code 5535
<sup>7</sup> Property Code 322258	<sup>8</sup> Property Name Little Bear Federal Com	<sup>9</sup> Well Number 4H

**II. <sup>10</sup> Surface Location**

UI or lot no. M	Section 33	Township 20S	Range 34E	Lot Idn	Feet from the 384	North/South Line South	Feet from the 1151	East/West line West	County Lea
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**<sup>11</sup> Bottom Hole Location**

UI or lot no. K	Section 28	Township 20S	Range 34E	Lot Idn	Feet from the 2420	North/South Line South	Feet from the 1677	East/West line West	County Lea
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 6/23/19	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> 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**

<sup>21</sup> Spud Date 10/28/18	<sup>22</sup> Ready Date 6/23/19	<sup>23</sup> TD 18783'	<sup>24</sup> PBSD 18696'	<sup>25</sup> Perforations 11,606-18,675'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17 1/2"	13 3/8"	1868'	1400		
12 1/4"	9 5/8"	5740'	2700		
8 3/4"	5 1/2"	18768'	3600		
	2 7/8"	11045'			

**V. Well Test Data**

<sup>31</sup> Date New Oil 6/23/19	<sup>32</sup> Gas Delivery Date 6/23/19	<sup>33</sup> Test Date 6/23/19	<sup>34</sup> Test Length 24 Hrs	<sup>35</sup> Tbg. Pressure 1500#	<sup>36</sup> Csg. Pressure 1300#
<sup>37</sup> Choke Size 24/64"	<sup>38</sup> Oil 125	<sup>39</sup> Water 2086	<sup>40</sup> Gas 249		<sup>41</sup> Test Method Flowing

<sup>42</sup> 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: <i>Amanda Avery</i>		OIL CONSERVATION DIVISION Approved by: <i>P. M. [Signature]</i>	
Printed name: Amanda Avery		Title: <i>L. M. [Signature]</i>	
Title: Regulatory Analyst		Approval Date: 8/5/2019	
E-mail Address: aavery@concho.com			
Date: 7/29/19	Phone: 575-748-6962		

Documents pending BLM approvals  
will subsequently be reviewed and  
scanned.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD

AUG 02 2019

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED

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. NMNM128368		
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. LITTLE BEAR FEDERAL COM 4H		
3. Address 2208 W MAIN STREET ARTESIA, NM 88210			9. API Well No. 30-025-45100		
3a. Phone No. (include area code) Ph: 575-748-6940			10. Field and Pool, or Exploratory BERRY; BONE SPRING NORTH		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SWSW Lot M 384FSL 1151FWL 32.523378 N Lat, 103.570105 W Lon Sec 33 T20S R34E Mer NMP At top prod interval reported below SWSW Lot M 384FSL 1151FWL 32.523378 N Lat, 103.570105 W Lon Sec 33 T20S R34E Mer NMP At total depth NESW Lot K 2420FSL 1677FWL 32.543506 N Lat, 103.568406 W Lon			11. Sec., T., R., M., or Block and Survey or Area Sec 33 T20S R34E Mer NMP		
14. Date Spudded 10/28/2018			15. Date T.D. Reached 11/21/2018		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 06/23/2019			17. Elevations (DF, KB, RT, GL)* 3805 GL		
18. Total Depth: MD 18783 TVD 11266			19. Plug Back T.D.: MD 18696 TVD 11266		
20. Depth Bridge Plug Set: MD 18700 TVD 11266					
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	1868		1400		0	
12.250	9.625 L80	40.0	0	5740	3860	2700		0	
8.750	5.500 P110	20.0	0	18768		3600		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	11045	11034						

## 25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	11606	18675	11606 TO 18675		1080	OPEN
B)						
C)						
D)						

## 26. Perforation Record

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

Depth Interval	Amount and Type of Material
11606 TO 18675	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	→	125.0	249.0	2086.0			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	1300.0	→	125	249	2086		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 #475779 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	1756			RUSTLER	1756
TOP OF SALT	2166			TOP OF SALT	2166
BOTTOM OF SALT	3581			BOTTOM OF SALT	3581
BRUSHY CANYON	8452			BRUSHY CANYON	8452
BONE SPRING LIMESTONE	8814			BONE SPRING LIMESTONE	8814
1ST BONE SPRING	9919			1ST BONE SPRING	9919
2ND BONE SPRING	10377			2ND BONE SPRING	10377
3RD BONE SPRING	11272			3RD BONE SPRING	11272

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 #475779 Verified by the BLM Well Information System.  
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) AMANDA AVERY

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 07/30/2019

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 MANAGEMENT**HOBBS OCD**FORM 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.**

2019-02-2019

**SUBMIT IN TRIPLICATE - Other instructions on page 2****RECEIVED**

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: aaavery@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 33 T20S R34E Mer NMP SWSW 384FSL 1151FWL 32.523378 N Lat, 103.570105 W Lon		8. Well Name and No. LITTLE BEAR FEDERAL COM 4H
		9. API Well No. 30-025-45100
		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 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.

2/27/19 Test annulus to 1500# Set Composite Bridge plug @ 18,700' and test csg to 9480#. Good test.

4/28/19 to 5/14/19 Perf 11,606-18,675' (1080). Acdz w/106,848 gal 7 1/2%; frac w/ 14,361,011# sand & 13,359,204 gal fluid.

5/26/19 to 5/27/19 Drilled out CFP's. Clean down to PBTD @18,696'.

6/3/19 6/4/19 Set 2 7/8" 6.5# L-80 tbg @ 11,045' packer @ 11,035'. 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 #475784 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 07/30/2019

## 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 \*\***