

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

**HOBBS OCD**

Submit one copy to appropriate District Office

OCT 23 2019

☐ AMENDED REPORT

**RECEIVED**

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address <b>COG Operating LLC 2208 W. Main Street Artesia, NM 88210</b>		<sup>2</sup> OGRID Number <b>229137</b>
		<sup>3</sup> Reason for Filing Code/ Effective Date <b>NW</b>
<sup>4</sup> API Number <b>30 - 025-45111</b>	<sup>5</sup> Pool Name <b>WC-025 G-09 S243532M; WOLFBONE</b>	<sup>6</sup> Pool Code <b>98098</b>
<sup>7</sup> Property Code <b>322259</b>	<sup>8</sup> Property Name <b>Fascinator Federal Com</b>	<sup>9</sup> Well Number <b>701H</b>

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

UI or lot no. <b>C</b>	Section <b>30</b>	Township <b>24S</b>	Range <b>35E</b>	Lot Idn	Feet from the <b>210</b>	North/South Line <b>North</b>	Feet from the <b>2160</b>	East/West line <b>West</b>	County <b>Lea</b>
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**<sup>11</sup> Bottom Hole Location**

UI or lot no. <b>N</b>	Section <b>31</b>	Township <b>24S</b>	Range <b>35E</b>	Lot Idn	Feet from the <b>182</b>	North/South Line <b>South</b>	Feet from the <b>2245</b>	East/West line <b>West</b>	County <b>Lea</b>
<sup>12</sup> Lse Code <b>P</b>	<sup>13</sup> Producing Method Code <b>F</b>	<sup>14</sup> Gas Connection Date <b>9/21/19</b>	<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
	<b>ACC</b>	<b>O</b>
	<b>Targa</b>	<b>G</b>
	<b>Holly Refining and Marketing Co.</b>	<b>O</b>

**IV. Well Completion Data**

<sup>21</sup> Spud Date <b>11/1/18</b>	<sup>22</sup> Ready Date <b>9/21/19</b>	<sup>23</sup> TD <b>22543'</b>	<sup>24</sup> PBDT <b>22403'</b>	<sup>25</sup> Perforations <b>12,801-22,378'</b>	<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		
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>1170'</b>	<b>1830</b>		
<b>12 1/4"</b>	<b>9 5/8"</b>	<b>11906'</b>	<b>2765</b>		
<b>8 1/2"</b>	<b>5 1/2"</b>	<b>22520'</b>	<b>3990</b>		
	<b>2 7/8</b>	<b>11995'</b>			

**V. Well Test Data**

<sup>31</sup> Date New Oil <b>9/21/19</b>	<sup>32</sup> Gas Delivery Date <b>9/21/19</b>	<sup>33</sup> Test Date <b>9/21/19</b>	<sup>34</sup> Test Length <b>24 Hrs</b>	<sup>35</sup> Tbg. Pressure <b>3125#</b>	<sup>36</sup> Csg. Pressure <b>250#</b>
<sup>37</sup> Choke Size <b>21/64</b>	<sup>38</sup> Oil <b>1062</b>	<sup>39</sup> Water <b>2354</b>	<sup>40</sup> Gas <b>1247</b>		<sup>41</sup> Test Method <b>Flowing</b>

<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:

*Amanda Avery*

Printed name:

Amanda Avery

Title:

Regulatory Analyst

E-mail Address:

aavery@concho.com

Date: 9/22/19

Phone:

575-748-6962

OIL CONSERVATION DIVISION

Approved by:

*P. M. ...*

Title:

*L.M.*

Approval Date:

*10/24/2019*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOGS

5. Lease Serial No.  
NNMM14164

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other

b. Type of Completion ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Diff. Resvr.

Other \_\_\_\_\_

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 Sec 30 T24S R35E Mer NMP  
NENW Lot C 210FNL 2160FWL

At top prod interval reported below Sec 30 T24S R35E Mer NMP  
NENW Lot C 210FNL 2160FWL

At total depth Sec 31 T24S R35E Mer NMP  
SESW Lot N 182FSL 2245FWL 32.157220 N Lat, 103.407837 W Lon

14. Date Spudded  
11/01/2018

15. Date T.D. Reached  
03/19/2019

16. Date Completed  
☐ D & A ☒ Ready to Prod.  
09/21/2019

17. Elevations (DF, KB, RT, GL)\*  
3345 GL

18. Total Depth: MD 22543  
TVD 12783

19. Plug Back T.D.: MD 22403  
TVD 12783

20. Depth Bridge Plug Set: MD 22403  
TVD 12783

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

22. Was well cored? ☒ No ☐ Yes (Submit analysis)  
Was DST run? ☒ No ☐ Yes (Submit analysis)  
Directional Survey? ☐ No ☒ 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 K55	54.5	0	1170		1830		0	
12.250	9.625 P110	47.0	0	11906	5439	2765		0	
8.500	5.500 P110	23.0	0	22520		3990		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	11995	11985						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFBONE	12801	22378	12801 TO 22378		1728	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
12801 TO 22378	SEE ATTACHED INFORMATION

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
09/21/2019	09/21/2019	24	→	1062.0	1247.0	2354.0			GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
21/64	3125 SI	250.0	→	1062	1247	2354		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 #489221 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	846			RUSTLER	846
TOP OF SALT	1277			TOP OF SALT	1277
BOTTOM OF SALT	5125			BOTTOM OF SALT	5125
LAMAR	5436			LAMAR	5436
BELL CANYON	5477			BELL CANYON	5477
CHERRY CANYON	6462			CHERRY CANYON	6462
BRUSHY CANYON	8071			BRUSHY CANYON	8071
BONE SPRING LIMESTONE	9286			BONE SPRING LIMESTONE	9286

## 32. Additional remarks (include plugging procedure):

1ST BONE SPRING 10471  
 1ST BONE SPRING SHALE 10663  
 2ND BONE SPRING 11052  
 2ND BONE SPRING BASE 11504  
 3RD BONE SPRING 12057  
 3RD BONE SPRING W 12427  
 WOLFCAMP 12596  
 WOLFCAMP LITHOLOGY 12791

## 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 #489221 Verified by the BLM Well Information System.  
 For COG OPERATING LLC, sent to the Hobbs

Name (please print) AMANDA AVERY Title REGULATORY ANALYST

Signature (Electronic Submission) Date 10/22/2019

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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

**Additional data for transaction #489221 that would not fit on the form**

**32. Additional remarks, continued**

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****OCT 23 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. NMNM14164
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 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 30 T24S R35E Mer NMP NENW 210FNL 2160FWL 32.195173 N Lat, 103.408179 W Lon		8. Well Name and No. FASCINATOR FEDERAL COM 701H
		9. API Well No. 30-025-45111
		10. Field and Pool or Exploratory Area WC-025 G-09 S243532M; WOL
		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 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 checked="" 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 recompleate 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 recompleation 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.

4/3/19 Test annulus to 1500# Set Composite Bridge plug @ 22,403' and test csg to 11,618#. Test Good.

7/23/19 to 8/14/19 Perf 12,801-22,378' (1728). Acdz w/72,576gal 7 1/2%; frac w/ 19,252,390# sand & 17,554,541 gal fluid.

8/17/19 to 8/19/19 Drilled out CFP's. Clean down to PBSD @ 22,403'.

8/24/19 -8/27/19 Set 2 7/8" 6.5# L-80 tbg @ 11,995' packer @ 11,985'. Installed gas lift system.

9/21/19 Began flowing back & testing Date of first production

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #489223 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs</b>	
Name (Printed/Typed) AMANDA AVERY	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 10/22/2019

**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 \*\***