

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  
JAN 24 2020  
☒ AMENDED REPORT

**I. REQUEST FOR ALLOWABLE 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 - 025-45057	<sup>5</sup> Pool Name WC-025 G-09 S243532M; WOLFBONE	<sup>6</sup> Pool Code 98098
<sup>7</sup> Property Code 32226	<sup>8</sup> Property Name Bonaid Federal Com	<sup>9</sup> Well Number 15H

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

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	17	24S	35E		210	North	1080	West	Lea

**<sup>11</sup> Bottom Hole Location**

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
M	20	24S	35E		200	South	987	West	Lea
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 12/20/19	<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
	Alpha Crude Connector Pipeline	O
24650	Targa Midstream Services, LP 1000 Louisiana - Ste 4700 Houston, TX 77002	G
	Holly Refining and Marketing PO Box 159 Artesia, NM 88210	

**IV. Well Completion Data**

<sup>21</sup> Spud Date 3/24/19	<sup>22</sup> Ready Date 12/9/19	<sup>23</sup> TD 21,799'	<sup>24</sup> PBTD 21,575'	<sup>25</sup> Perforations 12,052-21,615'	<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"	944'	1050		
12 1/4"	9 5/8"	11154'	1710		
8 3/4"	5 1/2"	21784'	3490		
	2 7/8"	9576'			

**V. Well Test Data**

<sup>31</sup> Date New Oil 12/20/19	<sup>32</sup> Gas Delivery Date 12/20/19	<sup>33</sup> Test Date 12/20/19	<sup>34</sup> Test Length 24Hrs	<sup>35</sup> Tbg. Pressure 3475#	<sup>36</sup> Csg. Pressure 1425#
<sup>37</sup> Choke Size 27/64	<sup>38</sup> Oil 778	<sup>39</sup> Water 3088	<sup>40</sup> Gas 901		<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: *Amanda Avery*

Printed name:  
Amanda Avery

Title:  
Regulatory Analyst

E-mail Address:  
aavery@concho.com

Date:  
1/22/2020

Phone:  
575-748-6962

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

*P. M. [Signature]*

*L. M.*

*2/11/2020*

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.*5. Lease Serial No.  
NMNM134886

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
BONAI FEDERAL COM 15H9. API Well No.  
30-025-4505710. Field and Pool or Exploratory Area  
WC-025 G-09 S243532M; WB11. 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 17 T24S R35E Mer NMP NWNW 210FNL 1080FWL  
32.224207 N Lat, 103.394575 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 recomple 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 recomple 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.

10/22/19 Test annulus to 1500# Set CBP @ 21,710' and test csg to 11,636#. Good test. Perf 21,685-21,695'. Injection Test.  
11/10/19 to 11/24/19 Perf 12,052-21,615' (1568). Acdz w/75,600 gal 7 1/2%; frac w/ 19,640,198# sand & 19,066,740gal fluid.  
11/30/19 to 12/1/19 Drilled out CFP's. Clean down to PBTD @21,575'.

12/8/19 Set 2 7/8" 6.5# L-80 tbg @ 9,576' packer @ 9,566'.  
12/20/19 Began flowing back & testing. Date of first production.

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

**Electronic Submission #500402 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) AMANDA AVERY

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 01/23/2020

## 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 \*\***

# HOBBS OCD

Form 3160-4  
(August 2007)

JAN 24 2020

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 LOG

5. Lease Serial No.  
NMNM134866

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"/> Diff. Resvr. Other _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator COG OPERATING LLC			8. Lease Name and Well No. BONAIID FEDERAL COM 15H		
3. Address 2208 W MAIN STREET ARTESIA, NM 88210			9. API Well No. 30-025-45057		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWNW Lot D 210FNL 1080FWL 32.224207 N Lat, 103.394575 W Lon At top prod interval reported below NWNW Lot D 210FNL 1080FWL 32.224207 N Lat, 103.394575 W Lon At total depth NWNW Lot D 210FNL 1080FWL 32.224207 N Lat, 103.394575 W Lon			10. Field and Pool, or Exploratory WC-025 G-09 S243532M; WB		
14. Date Spudded 03/24/2019			11. Sec., T., R., M., or Block and Survey or Area Sec 17 T24S R35E Mer NMP		
15. Date T.D. Reached 10/06/2019			12. County or Parish LEA		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 12/09/2019			13. State NM		
17. Elevations (DF, KB, RT, GL)* 3375 GL					
18. Total Depth: MD 21799 TVD 12320		19. Plug Back T.D.: MD 21575 TVD 12320		20. Depth Bridge Plug Set: MD 21710 TVD 12320	
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	944		1050		0	
12.250	9.625 L80	47.0	0	11154	5223	1710		0	
8.500	5.500 P110	23.0	0	21784		3490		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	9576	9566						

### 25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFBONE	12052	21615	12052 TO 21615		1568	OPEN
B)						
C)						
D)						

### 26. Perforation Record

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

Depth Interval	Amount and Type of Material
12052 TO 21615	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
12/20/2019	12/20/2019	24	→	778.0	901.0	3088.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg. 3475 SI	Csg. Press. 1425.0	24 Hr. Rate →	Oil BBL 778	Gas MCF 901	Water BBL 3088	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	Well Status	

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

ELECTRONIC SUBMISSION #500386 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
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Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
RUSTLER	778			RUSTLER	778
TOP OF SALT	1151			TOP OF SALT	1151
BOTTOM OF SALT	4888			BOTTOM OF SALT	4888
LAMAR	5256			LAMAR	5256
BELL CANYON	5284			BELL CANYON	5284
CHERRY CANYON	6232			CHERRY CANYON	6232
BRUSHY CANYON	7677			BRUSHY CANYON	7677
BONE SPRING LIMESTONE	8997			BONE SPRING LIMESTONE	8997

32. Additional remarks (include plugging procedure):  
 FIRST BONE SPRING 10016  
 SECOND BONE SPRING 10585  
 THIRD BONE SPRING 11591

33. Circle enclosed attachments:

1. Electrical/Mechanical Logs (I 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 #500386 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 01/22/2020

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 \*\***