

RECEIVED: 30 1/29/2018	REVIEWER: MAM	TYPE: OLM	APP NO: PMAM1803135422
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Geological & Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505

**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND
 REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Applicant: COG Operating LLC

OGRID Number: 229137

Well Name: Glacier Federal Corn #1H

API: 30-015-43131

Pool: WC-015 S262524A; Wolfcamp (Gas)

Pool Code: 98159-9822

Purple Sage Wolfcamp

OLM-135

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION
 INDICATED BELOW**

1) TYPE OF APPLICATION: Check those which apply for [A]

A. Location - Spacing Unit - Simultaneous Dedication

☐ NSL☐ NSP (PROJECT AREA)☐ NSP (PRORATION UNIT)☐ SD

B. Check one only for [I] or [II]

[I] Commingling - Storage - Measurement

☐ DHC☐ CTB☐ PLC☐ PC☐ OLS☒ OLM

[II] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX☐ PMX☐ SWD☐ IPI☐ EOR☐ PPR**2) NOTIFICATION REQUIRED TO:** Check those which apply.A. ☐ Offset operators or lease holdersB. ☒ Royalty, overriding royalty owners, revenue ownersC. ☐ Application requires published noticeD. ☐ Notification and/or concurrent approval by SLOE. ☒ Notification and/or concurrent approval by BLMF. ☐ Surface ownerG. ☐ For all of the above, proof of notification or publication is attached, and/or,H. ☐ No notice required**FOR OCD ONLY**☐ Notice Complete☐ Application
Content
Complete

3) CERTIFICATION: I hereby certify that the information submitted with this application for
 administrative approval is **accurate** and **complete** to the best of my knowledge. I also
 understand that **no action** will be taken on this application until the required information and
 notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Bobbie J Goodloe

Print or Type Name

January 29, 2018

Date

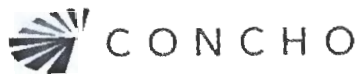
575-748-6952

Phone Number

bgoodloe@concho.com

e-mail Address

Signature



January 30, 2018

Attn: Michael McMillan
NM Oil Conservation Division
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

Re: Application for Administrative Approval
Off-lease Measurement – Oil Only

Dear Mr. McMillan,

COG Operating, LLC, respectfully requests approval for Off-lease Measurement for oil only for the following well:

Glacier Federal Com #1H
API #30-015-43131
Purple Sage; Wolfcamp Gas
SHL 330' FNL 560' FEL, Sec 24-T26S-R25E
BHL 669' FNL 710' FEL, Sec 12-T26S-R25E
Eddy County

The oil production from this well may be transported by truck to either the Red Hills Offload Station, located in Unit O, Section 4-T26S-R32E, or the Jal Offload Station, located in Unit D, Section 4-T26S-R37E, Lea County in the event the CTB on lease is over capacity or in the case of battery or pipeline repairs. Oil will remain segregated and will be measured by lact meter when offloading at the Offload Stations. Notices have been sent to all interest owners as required.

Also, please see the attached Administrative Application Checklist, plats for referenced well, proof of notice to interest owners, diagrams of site facility, map with lease boundaries showing wells and facility locations as well as copies of sundries for FMP's.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Bobbie Goodloe", written over a horizontal line.

Bobbie Goodloe
Regulatory Analyst

Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 432.683.7443 | F 432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.746.2096

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-43131		² Pool Code 98220	³ Pool Name PUPLE SAGE; WOLFCAMP GAS
⁴ Property Code 314844	⁵ Property Name GLACIER FEDERAL COM		⁶ Well Number 1H
⁷ OGRID No. 229137	⁸ Operator Name COG OPERATING LLC		⁹ Elevation 3545' GL

¹⁰ Surface Location

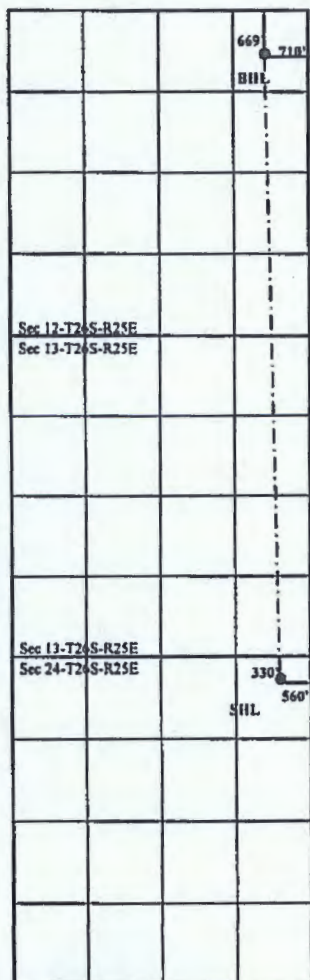
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	24	26S	25E		330	NORTH	560	EAST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	12	26S	25E		669	NORTH	710	EAST	EDDY

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



¹⁷ OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Bobbie J Goodloe 1-30-18
Signature Date
Bobbie J Goodloe
Printed Name
bgoodloe@concho.com
E-mail Address

¹⁸ SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

REFER TO ORIGINAL PLAT

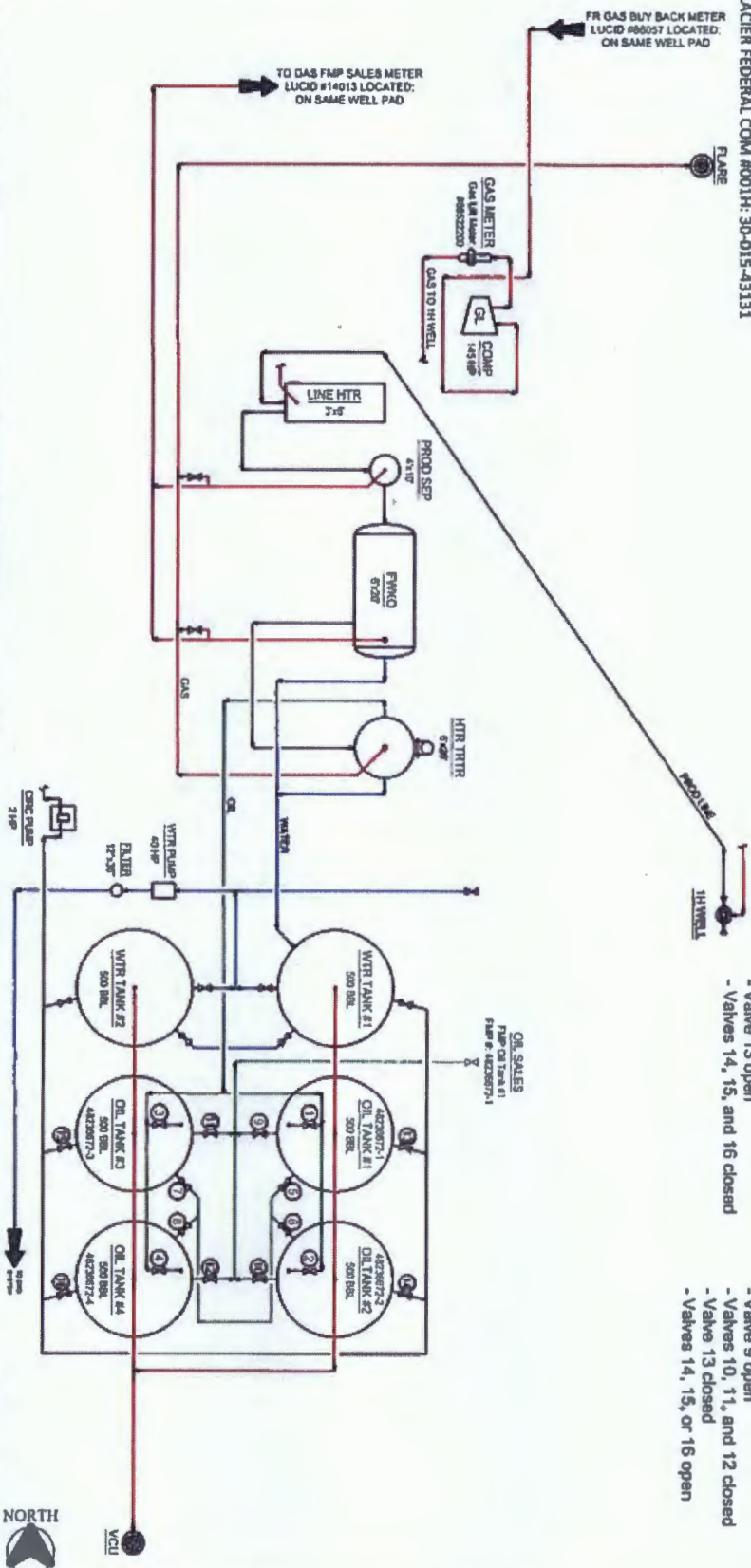
Date of Survey
Signature and Seal of Professional Surveyor:

Refer to original plat

Certificate Number

GLACIER FEDERAL COM 1H BATTERY
NENE SECTION 24, T26S, R25E, UNIT A
EDDY COUNTY, NM

WELLS:
GLACIER FEDERAL COM #001H: 30-015-43131



- Production Phase - Oil Tank #1**
- Valve 1 open
 - Valves 2, 3, and 4 closed
 - Valves 5, 6, 7, and 8 open
 - Valves 9, 10, 11, and 12 closed
 - Valve 13 open
 - Valves 14, 15, and 16 closed

- Sales Phase - Oil Tank #1**
- Valve 1 closed
 - Valves 2, 3, or 4 open
 - Valve 5 closed
 - Valves 6, 7, and 8 open
 - Valve 9 open
 - Valves 10, 11, and 12 closed
 - Valve 13 closed
 - Valves 14, 15, or 16 open

Type of Lease: Federal
Federal Lease #: NNNM 103595
CA/Agreement #: NNNM 135298
Property Code: 314844
OGRID #: 229137

Ledger for Site Diagram
Produced Fluid:
Produced Oil:
Produced Gas:
Produced Water:

CONTRACTING FIRM
SITING FIRM
OPERATING FIRM
REGULATORY AGENCY

CONTRACTING FIRM
SITING FIRM
OPERATING FIRM
REGULATORY AGENCY

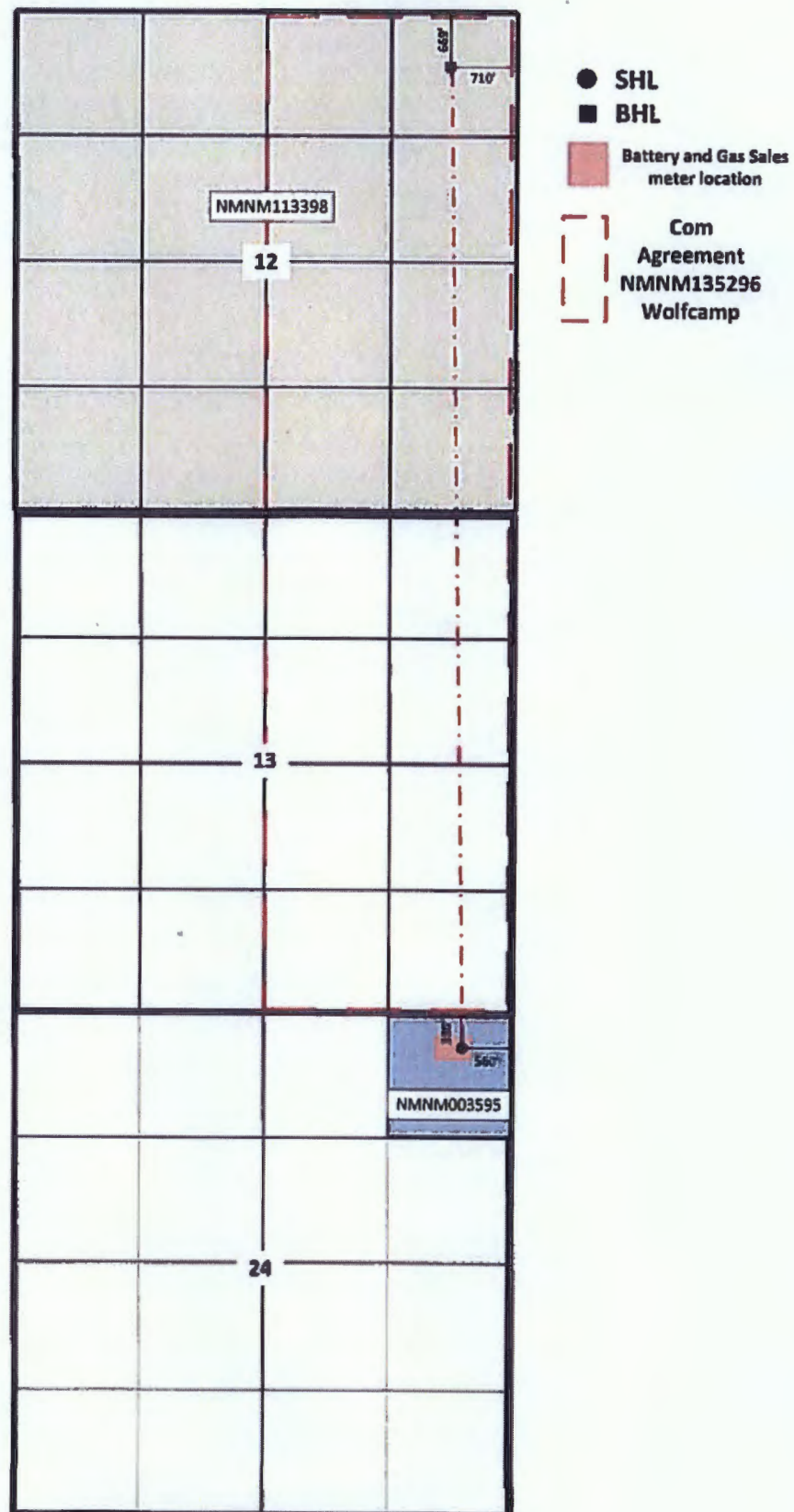
CONTRACTING FIRM
SITING FIRM
OPERATING FIRM
REGULATORY AGENCY

CONTRACTING FIRM
SITING FIRM
OPERATING FIRM
REGULATORY AGENCY



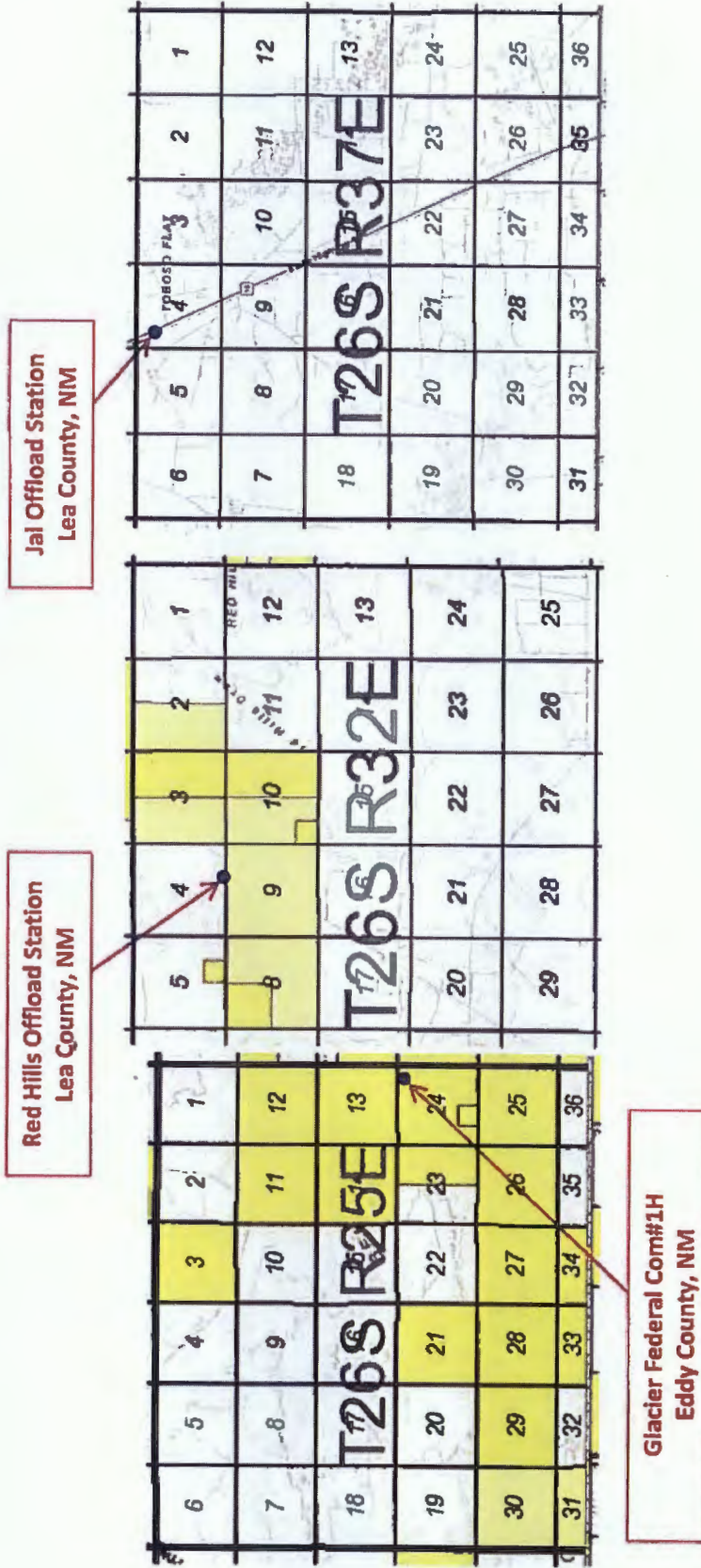
CONOCO
NORTH OIL & GAS
PRODUCTION FACILITIES
SITE FACILITY DIAGRAM
GLACIER FEDERAL COM 1H BATTERY
EDDY COUNTY, NM
D-1700-BI-0001

Glacier Federal Com #1H



T26S-R25E

Glacier Federal Com #1H & Red Hills and Jal Offload Station Map



Glacier Federal Com #1H

Legend

- Glacier Fed Com #1H - Agave Gas Sales Meter #14013
- Glacier Federal Com #1H - SHL

Glacier Federal Com #1H - SHL

Glacier Fed Com #1H - Agave Gas Sales Meter #14013

19

24

Google Earth

2000 ft

30-015-43131 GLACIER FEDERAL COM #001H [314844]

General Well Information

Operator:	[229137] COG OPERATING LLC	Direction:	Horizontal
Status:	Active	Multi-Lateral:	No
Well Type:	Gas	Mineral Owner:	Federal
Work Type:	New	Surface Owner:	
Surface Location:	A-24-26S-25E 33D FHL 560 FEL		
Lat/Long:	32 0343338421524,-104.342516905789		
GL Elevation:	3545		
KB Elevation:		Sing/Mult Compl:	Single
DF Elevation:		Potash Waiver:	False

Production / Injection

Earliest Production in OCD Records: 9/2015 Last 11/2017
[Show All Production](#)
[Export to Excel](#)

Time Frame	Production				Injection				
	Oil(BBLS)	Gas(MCF)	Water (BBLS)	Days P/I	Water (BBLS)	Co2(MCF)	Gas(MCF)	Other	Pressure
2017									
WC-015 G-05 S262524A;WOLFCAMP (ABOL)									
Jan	9740	37887	41504	31	0	0	0	0	0
Pool Total:	9740	37887	41504	31	0	0	0	0	N/A
PURPLE SAGE;WOLFCAMP (GAS)									
Feb	8310	33225	26449	28	0	0	0	0	0
Mar	8554	35754	37095	31	0	0	0	0	0
Apr	7943	33813	32710	30	0	0	0	0	0
May	7482	33305	31117	31	0	0	0	0	0
Jun	6921	31025	23489	30	0	0	0	0	0
Jul	6637	31523	28360	31	0	0	0	0	0
Aug	6177	29965	25274	31	0	0	0	0	0
Sep	6170	29077	25675	30	0	0	0	0	0
Oct	6250	28259	25157	31	0	0	0	0	0
Nov	5710	26683	24245	30	0	0	0	0	0

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

5. Lease Serial No. NMNM113398
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No. NMNM135296
8. Well Name and No. GLACIER FEDERAL COM 1H
9. API Well No. 30-015-43131
10. Field and Pool or Exploratory Area PURPLE SAGE; WOLFCAMP GAS
11. County or Parish, State EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. GLACIER FEDERAL COM 1H
2. Name of Operator COG OPERATING LLC Contact: BOBBIE J GOODLOE E-Mail: bgoodloe@concho.com		9. API Well No. 30-015-43131
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 575-748-6952	10. Field and Pool or Exploratory Area PURPLE SAGE; WOLFCAMP GAS
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T26S R25E Mer NMP NENE 330FNL 560FEL		11. County or Parish, State EDDY 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	
	<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 recompletion 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.

COG OPERATING LLC RESPECTFULLY REQUESTS DESIGNATION OF GAS FACILITY MEASUREMENT POINTS FOR OUR GLACIER FEDERAL COM #1H BATTERY.

LUCID GAS SALES METER # 14013 MEETS API AND AGA STANDARDS AND WILL MEASURE AND BE CALIBRATED ACCORDING TO ALL FEDERAL REQUIREMENTS AND REGULATIONS.

SEE ATTACHED SITE FACILITY DIAGRAM

14. I hereby certify that the foregoing is true and correct. Electronic Submission #402267 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) BOBBIE J GOODLOE	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 01/25/2018

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 ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUBMIT IN TRIPLICATE - Other instructions on page 2		5. Lease Serial No. NMNM113398
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator COG OPERATING LLC Contact: BOBBIE J GOODLOE E-Mail: bgoodloe@concho.com		7. If Unit or CA/Agreement, Name and/or No. NMNM135296
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 575-748-6952	8. Well Name and No. GLACIER FEDERAL COM 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T26S R25E Mer NMP NENE 330FNL 560FEL		9. API Well No. 30-015-43131
		10. Field and Pool or Exploratory Area PURPLE SAGE; WOLFCAMP GAS
		11. County or Parish, State EDDY 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	
	<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 recompleting 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 recompletion 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.

COG OPERATING LLC RESPECTFULLY REQUESTS DESIGNATION OF OIL FACILITY MEASUREMENT POINTS FOR OUR GLACIER FEDERAL COM #1H BATTERY.

OIL FACILITY MEASUREMENT POINTS WILL BE METER #48236672-1 AND TANK #1 AT THE BATTERY

SEE ATTACHED SITE FACILITY DIAGRAM

14. I hereby certify that the foregoing is true and correct. Electronic Submission #402268 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) BOBBIE J GOODLOE	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 01/25/2018

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 ****

Glacier Federal Com #1H - 30-015-43131

Application for Off-lease Measurement - Oil-Red Hills & Jal Offload

Notification List

<i>Date Sent</i>	<i>Initials</i>	<i>Sent Certified Return Receipt to:</i>	<i>Receipt No.</i>	<i>Rec'd</i>
1/30/2018	bjg	BLM	7017-3040-0000-1206-3084	
1/30/2018	bjg	The Allar Company	7017-3040-0000-1206-3091	
1/30/2018	bjg	Crownrock Minerals LP	7017-3040-0000-1206-3077	
1/30/2018	bjg	Cornerstone Family Trust, John Kylee Thoma, Trustee	7017-3040-0000-1206-3121	
1/30/2018	bjg	Cornerstone Family Trust, John Lawrence Thoma, Trustee	7017-3040-0000-1206-3060	

Mailed 1/30/2018

Bobbie Goodloe

<p>SENDER - COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Crownrock Minerals LP P O Box 51933 Midland, TX 79710</p>	<p>POSTAGE WILL BE PAID BY ADDRESSEE</p> <p>NO POSTAGE NEEDED IF MAILED IN THE UNITED STATES</p> <p>9590 9402 2310 6225 6559 22</p> <p>7017 3040 0000 1206 3077</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9005</p>	<p>RECIPIENT - COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Bureau of Land Management 391 Dinosaur Trail Santa Fe, NM 87508</p>
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<p>SENDER - COMPLETE THIS SECTION</p> <p>A. Signature <u>Jordan Sherry</u> <input type="checkbox"/> AQ <input type="checkbox"/> AP</p> <p>B. Checked by <u>Jordan Sherry</u> <input type="checkbox"/> AQ <input type="checkbox"/> AP</p> <p>C. Date of Issue <u>10/26/2017</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>RECIPIENT - COMPLETE THIS SECTION</p> <p>A. Signature <u>Jordan Sherry</u> <input type="checkbox"/> AQ <input type="checkbox"/> AP</p> <p>B. Received by <u>Jordan Sherry</u> <input type="checkbox"/> AQ <input type="checkbox"/> AP</p> <p>C. Date of Receipt <u>10/26/2017</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>SENDER - COMPLETE THIS SECTION</p> <p>A. Signature <u>Jordan Sherry</u> <input type="checkbox"/> AQ <input type="checkbox"/> AP</p> <p>B. Received by <u>Jordan Sherry</u> <input type="checkbox"/> AQ <input type="checkbox"/> AP</p> <p>C. Date of Receipt <u>10/26/2017</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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