| 51 | Revised March 23, 2017 |
|--|--|
| RECEIVED: REVIEWER: MAIN | TYPE: OL My DMAMISCX74257) |
| NEW MEXICO OIL - Geological & E 1220 South St. Francis I ADMINISTRATIVE THIS CHECKLIST IS MANDATORY FOR ALL ADMINI | CONSERVATION DIVISION Engineering Bureau — Drive, Santa Fe, NM 87505 APPLICATION CHECKLIST STRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND DOCESSING AT THE DIVISION LEVEL IN SANTA FE |
| Applicant: COG Operating, LCC | OGRID Number: 14049 |
| Well Name: Munnynthabank State 2H | API: 30-015-36130- 40622 |
| OOI: Willow Lake Bone Spring, West | Pool Code: 96415 |
| | TION REQUIRED TO PROCESS THE TYPE OF APPLICATION CATED BELOW Apply for [A] MAR 08 2018 AM08:07 |
| A. Location – Spacing Unit – Simultaneou NSL NSP (PROJECT AREA | us Dedication |
| [II] Injection – Disposal – Pressure Incr WFX PMX SWD [2) NOTIFICATION REQUIRED TO: Check those of the control of the contro | PC OLS OLM rease - Enhanced Oil Recovery IPI EOR PPR which apply. revenue owners ice proval by SLO proval by BLM FOR OCD ONLY Notice Complete Application Content Complete |
| G. For all of the above, proof of notifice H. No notice required | cation or publication is attached, and/or, |
| | ormation submitted with this application for properties of my knowledge. I also this application until the required information and |
| Note: Statement must be completed by a | n individual with managerial and/or supervisory capacity. |
| Bobbie Goodloe | 3-8-18 Date |
| Print or Type Name | 575-748-6952 Phone Number |
| Signature | bgoodloe@concho.com e-mail Address |



March 8, 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:

Munnynthabank State #2H
API #30-015-40622
Willow Lake; Bone Spring, West
SHL 190' FNL 2260' FEL, Sec 34-T24S-R27E
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, and map with lease boundaries showing wells and facilities.

Thank you for your attention to this matter.

Sincerely,

Bobbie Goodloe C Regulatory Analyst

Enclosures

District 1
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax (575) 393-0720
District 11
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District 111
1000 Rio Brazos Road, Aztec, NM 87410

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

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

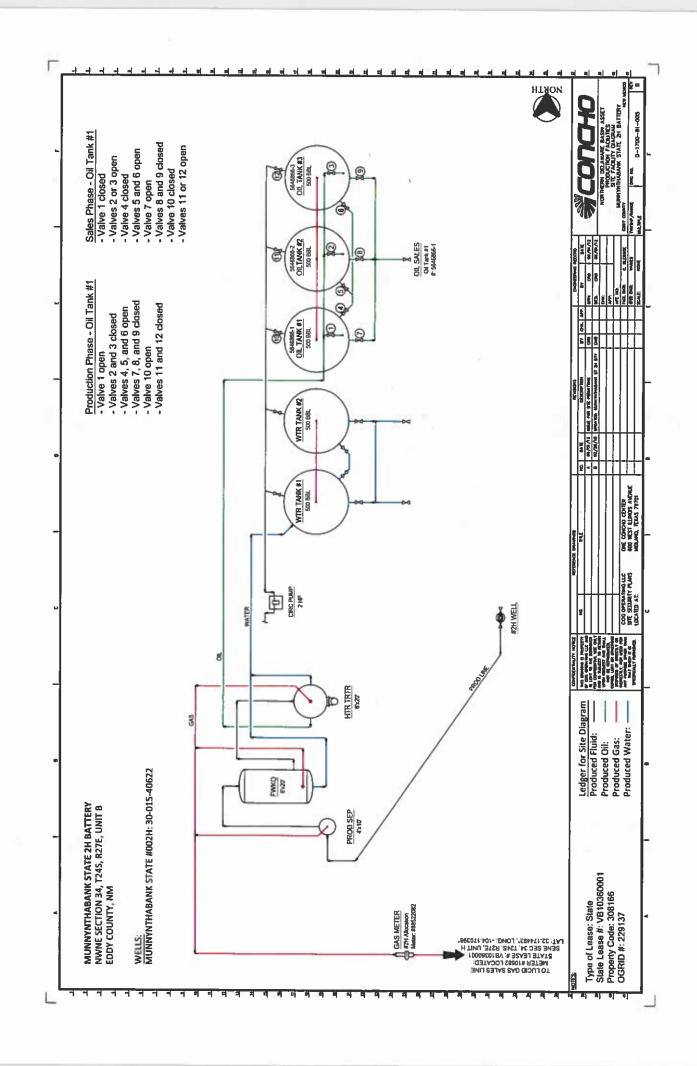
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

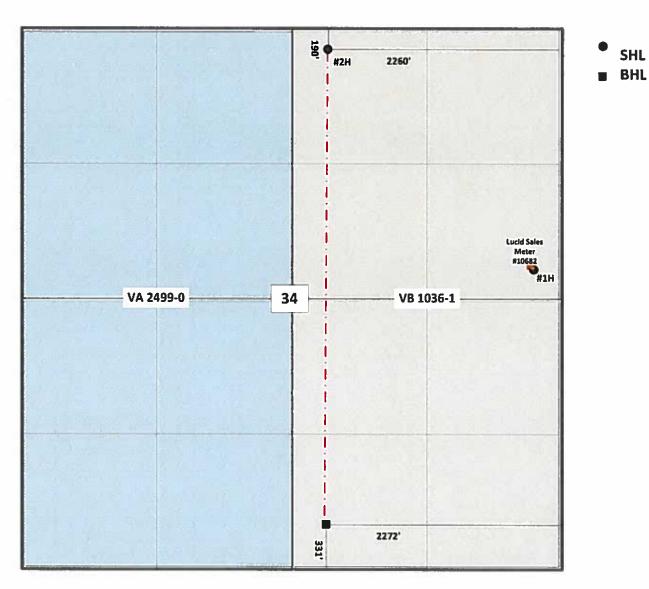
| 17 | API Numbe | r | | ² Pool Code | e | | Pool Na | me | | |
|-----------------|-------------------------|--------------|---------------|------------------------|-----------------------|-------------------|-------------------|-----------|-----------|----------------|
| 30- | 015-4062 | 22 | | 96415 | | Will | ow Lake; Bone | Spring, | West | |
| 4 Property (| Code | | · · · | | ⁵ Property | Name | | | , M | Vell Number |
| 30816 | 6 | | | | Munnynthab | ank State | | | | 2H |
| 'OGRID! | No. | | | | Operator | Name | | | 7 | Elevation |
| 22913' | 7 | | | | COG Operat | ing, LCC | | | 32 | 221' GR |
| | | | | | " Surface | Location | | | | |
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/W | est line | County |
| В | 34 | 24S | 27E | | 190 | North | 2260 | Ea | st | Eddy |
| | | _ | " Bot | tom Hol | e Location It | Different From | m Surface | | | |
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/W | est line | County |
| 0 | 34 | 24S | 27E | | 331 | North | 2272 | Ea | st | Eddy |
| Dedicated Acres | i ¹³ Joint o | r Infill | Consolidation | Code 15 Or | rder No. | | | | | |
| No allowable s | vill he ac | signed to ti | nis comple | tion until s | Il interests have | heen consolidated | l or a non-standa | rd unit h | ne been n | nnroyed by the |

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.

| 16 | | SHT BOCOT | | "OPERATOR CERTIFICATION |
|----|-----|-----------|-------------|---|
| 1 | | 2260' | | I hereby certify that the information contained herein is true and complete to the |
| | | Ĩ | 1 | best of my knowledge and belief, and that this organization either owns a |
| | | Î | | working interest or unleased mineral interest in the land including the proposed |
| | | 100 | | 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 |
| | | Į. | | by the division. |
| | 3 | | 4 | Signature Gardles 3-8-18 |
| |) t | V | | BOBBIE J GOODLOE Printed Name |
| | 70 | - | | bgoodloe@concho.com E-mail Address |
| | | i i | 1 101 | "SURVEYOR CERTIFICATION |
| | | i. | | I hereby certify that the well location shown on this plat was |
| | | - N | | plotted from field notes of actual surveys made by me or under |
| | | 120 | | my supervision, and that the same is true and correct to the |
| | | | | |
| | | | | best of my belief. |
| | | | | REFER TO ORIGINAL PLAT |
| | | Î | | Date of Survey |
| | | | | Signature and Seal of Professional Surveyor: |
| | | | | |
| | | E . | | l a |
| | | | | |
| | | вит. | | 8 |
| | | | | Certificate Number |
| | | 2272 | 19 18 19 19 | Centrale Number |



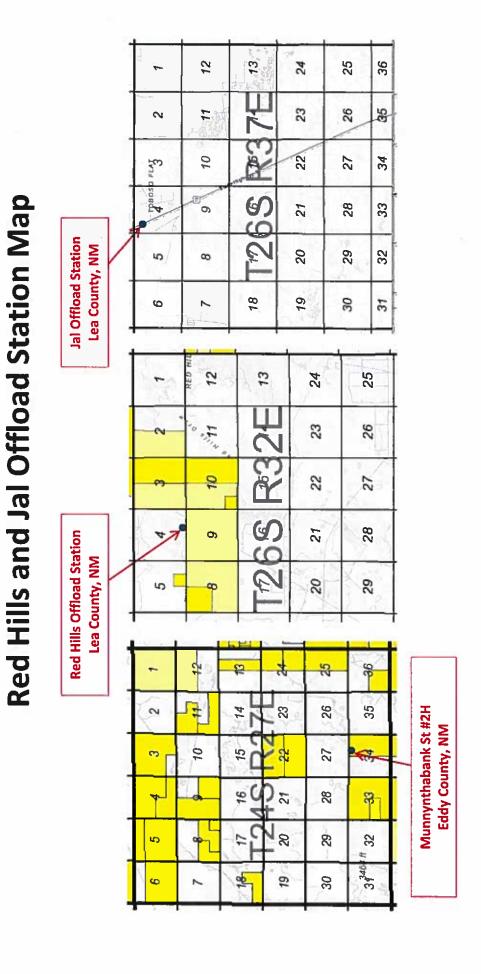
Munnynthabank State #2H

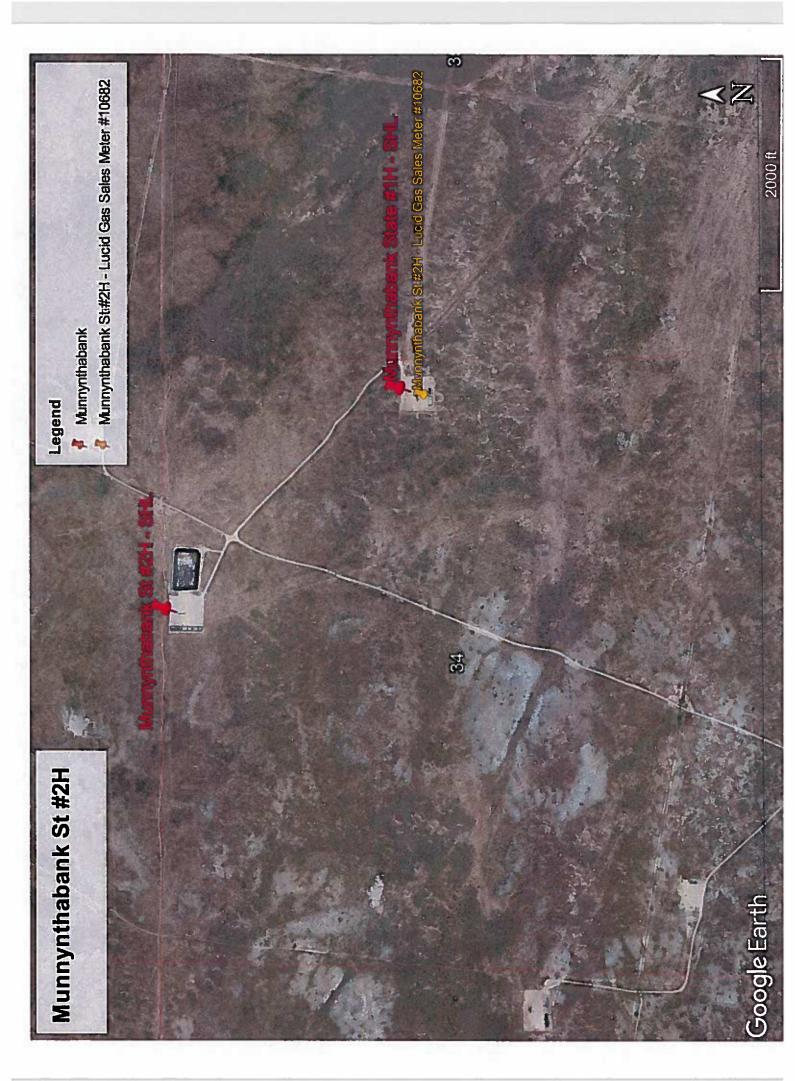


T24S-R27E

Munnynthabank St #2H

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30-015-40622 MUNNYNTHABANK STATE #002H [308166]

General Well Information

Operator:

[229137] COG OPERATING LLC

Status: Well Type: Active Oil Direction:

ž.

Multi-Lateral:

No

Work Type:

New

Mineral Owner: Surface Owner: State

Surface Location:

.

B-34-24S-27E 190 FNL 2260 FEL

Lat/Long:

32 1803627,-104.1771088 NAD33

GL Elevation:

3221

KB Elevation:

Sing/Mult Compl:

Single

DF Elevation:

Potash Waiver:

False

Production / Injection

| rilest Production in | OCD Records: | 4/2013 | Last | | 11/2 | 917 | Show All I | Production 🕦 | Export to E |
|----------------------|--------------|----------|-----------------|----------|-----------------|----------|------------|--------------|-------------|
| | | Produ | ction | | | | Injection | | |
| Time Frame | Oil(BBLS) | Gas(MCF) | Water (BBLS) | Days P/I | Water (BBL5) | Co2(MCF) | Gas(MCF) | Other | Pressur |
| 017 | | | | | | | | | |
| WILLOW LAKE; SONE S | SPRING, WEST | | | | | | | | |
| Jan | 524 | 2391 | 2803 | 31 | 0 | 0 | 0 | 0 | |
| Feb | 342 | 1564 | 1613 | 29 | 0 | 0 | 0 | 0 | |
| Mar | 545 | 2439 | 340- | 31 | 0 | 0 | 0 | 0 | |
| Apr | 600 | 2616 | 3762 | 30 | 0 | 0 | 0 | D | |
| May | 571 | 2194 | 3666 | 21 | Q | 0 | 0 | 0 | |
| Jun | 357 | 733 | 2513 | 30 | 0 | 0 | 0 | 0 | |
| Jul | 374 | 1546 | 1347 | 31 | 0 | 0 | 0 | 0 | |
| Aug | 523 | 2833 | 3257 | 31 | 0 | 0 | 0 | 0 | |
| Sep | 362 | 2192 | 1583 | 27 | 0 | 0 | 0 | 0 | |
| Oct | 553 | 3181 | 3602 | 31 | 0 | 0 | 0 | D | |
| Nov | 413 | 2644 | 2653 | 30 | 0 | 0 | 0 | 0 | |

Munnynthabank State #2H - 30-015-40622 Application for Off-lease Measurement - Oil-Red Hills & Jal Offload Notification List

| Date Sent | Initials | Sent Certified Return Receipt to: | Receipt No. | Rec'd |
|-----------|----------|-----------------------------------|---------------------------|-------|
| | bjg | Commissioner of Public Lands | 70017-3040-0000-2539-9101 | |
| | bjg | Nestegg Energy Corp. | 70017-3040-0000-2539-9118 | |

Mailed Bobbie Goodloe