

# Application

Received: 09/17/2019

*This application is placed in file for record. It MAY or MAY NOT have been reviewed to be determined Administratively Complete*

RECEIVED: 9/17/19	REVIEWER: DM	TYPE: OLM	APP NO: pLEL1927737766
-------------------	--------------	-----------	------------------------

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:** 299137  
**Well Name:** Myox 32 State III/Myox 32 State 3H **API:** 30-015-41641/30-015-41642  
**Pool:** Delaware River: Bone Springs **Pool Code:** 16800

**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 holders  
 B.  Royalty, overriding royalty owners, revenue owners  
 C.  Application requires published notice  
 D.  Notification and/or concurrent approval by SLO  
 E.  Notification and/or concurrent approval by BLM  
 F.  Surface owner  
 G.  For all of the above, proof of notification or publication is attached, and/or,  
 H.  No notice required

FOR OCD ONLY	
<input type="checkbox"/>	Notice Complete
<input type="checkbox"/>	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.**

Jeanette Barron  
 Print or Type Name

Jeanette Barron  
 Signature

9/17/19  
 Date

575-746-6974  
 Phone Number

jbarron@concho.com  
 e-mail Address



September 17, 2019

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

Re: Application for Administrative Approval of Off lease measurement

Dear Mr. McMillan,

COG Operating LLC respectfully requests approval for off lease measurement for the following well:

Myox 32 State 1H  
API# 30-015-41641  
Delaware River; Bone Springs  
Ut D, Sec. 32-T25S-R28E  
Eddy County, NM

Myox 32 State 3H  
API# 30-015-41642  
Delaware River; Bone Springs  
Ut D, Sec. 32-T25S-R28E  
Eddy County, NM

**Oil Production:**

The oil production from Myox 32 State 1H & 3H will be measured at the Central Tank Battery located in Ut. O, Sec. 32-T25S-R28E. In addition to the on-lease measurement, the oil production from these wells may also 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. In this case the oil will remain segregated and will be measured by lact meter when offloading at said stations.

**Gas Production:**

The gas production from Myox 32 State 1H & 3H will be measured at the Central Tank Battery located in Ut. O, Sec. 32-T25S-R28E.

All owners of interest have been notified by certified mail that should they have an objection, they must file a formal protest with the NMOCD within 20 days of the date of this application. Proof of owner notification is enclosed.

Please see the enclosed Administrative Application Checklist, C-103 Application for off lease measurement, plats for referenced wells, site facility diagram, maps with lease boundaries showing wells and facility locations and prior six month's production.

---

**CORPORATE ADDRESS**

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701  
P432.683.7443 | F432.683.7441

**ARTESIA WEST OFFICE**

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210  
P575.748.6940 | F575.746.2096

Received by OCD: 9/17/2019 10:13:13 AM



Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Jeanette Barron".

Jeanette Barron  
Regulatory Technician II

Enclosures

xc: Artesia OCD

---

**CORPORATE ADDRESS**

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701  
P432.683.7443 | F432.683.7441

**ARTESIA WEST OFFICE**

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210  
P575.748.6940 | F575.746.2096

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-015-41642
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB5751
7. Lease Name or Unit Agreement Name MYOX 32 STATE
8. Well Number 3H
9. OGRID Number 229137
10. Pool name or Wildcat DALAWARE RIVER; BONESPRINGS

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other SWD

2. Name of Operator  
COG OPERATING LLC

3. Address of Operator  
2208 W Main St. Artesia, NM 88210

4. Well Location  
 Unit Letter D : 190 feet from the NORTH line and 660 feet from the WEST line  
 Section 32 Township 25S Range 28E NMPM County EDDY, NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <u>Surface Commingle</u> <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

COG Operating, LLC would like to request approval to Surface Commingle production on shared well pad.

MYOX 32 STATE 1H SEC. 32, T25S-R28E 30-015-41641  
 MYOX 32 STATE 3H SEC. 32, T25S-R28E 30-015-41642

Please see attached detailed commingling information, diagram and maps.

SIGNATURE Jeanette Barron TITLE Regulatory Technician II DATE 09.17.19  
 Type or print name

Jeanette Barron E-mail address: jbarron@concho.com PHONE: 575-748-6974

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

**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**

<sup>1</sup> API Number 30-015-41641	<sup>2</sup> Pool Code 16800	<sup>3</sup> Pool Name Delaware River; Bone Springs
<sup>4</sup> Property Code 40111	<sup>5</sup> Property Name MYOX 32 STATE	
<sup>7</sup> OGRID No.	<sup>6</sup> Operator Name COG Operating, LLC	<sup>8</sup> Well Number 1H
		<sup>9</sup> Elevation 3003' GR

**\* Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
O	32	25S	28E		190	SOUTH	1980	EAST	EDDY

**\*\* 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
B	32	25S	28E		346	NORTH	1943	EAST	EDDY

<sup>10</sup> Dedicated Acres 160	<sup>12</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
--------------------------------------	-------------------------------	----------------------------------	-------------------------

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.

		346'	1943'	<p><b><sup>17</sup> OPERATOR CERTIFICATION</b></p> <p><i>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.</i></p> <p style="text-align: right;"><i>Jeanette Barron</i> 9/17/19        Signature Date</p> <p>Jeanette Barron        Printed Name</p> <p>jbarron@concho.com        E-mail Address</p>
		BHL		
		SHL	1980'	
		190'		<p><b><sup>18</sup> SURVEYOR CERTIFICATION</b></p> <p><i>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.</i></p> <p>REFER TO ORIGINAL PLAT</p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>
				<p>Certificate Number</p>

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

<sup>1</sup> API Number 30-015-41642		<sup>2</sup> Pool Code 16800		<sup>3</sup> Pool Name Delaware River; Bone Springs	
<sup>4</sup> Property Code 40111		<sup>5</sup> Property Name MYOX 32 STATE			<sup>6</sup> Well Number 3H
<sup>7</sup> OGRID No. 229137		<sup>8</sup> Operator Name COG Operating, LLC			<sup>9</sup> Elevation 2989' GR

<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	32	25S	28E		190	NORTH	660	WEST	EDDY

<sup>11</sup> 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
M	32	25S	28E		340	SOUTH	636	WEST	EDDY

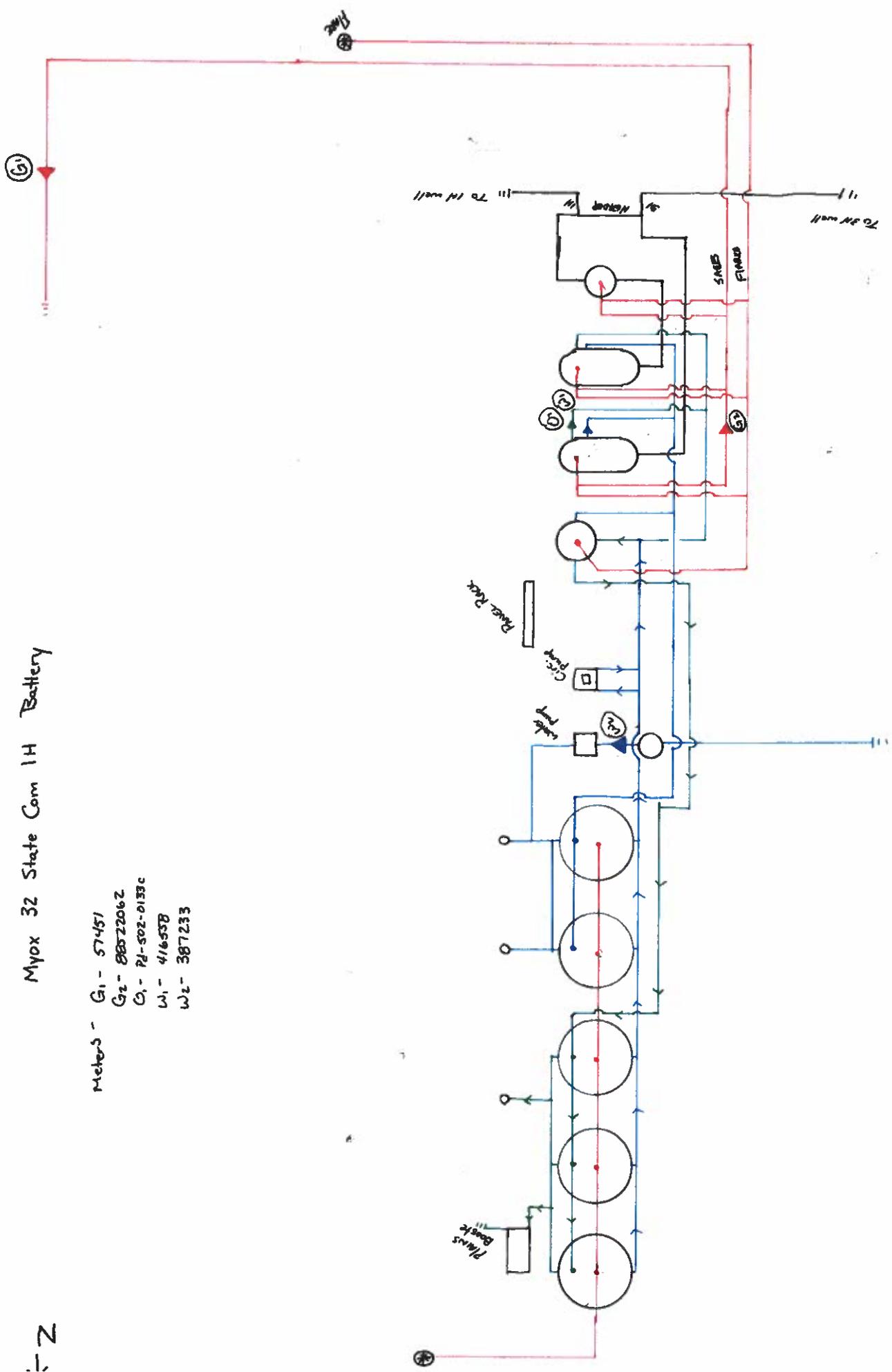
<sup>12</sup> Dedicated Acres 160	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
--------------------------------------	-------------------------------	----------------------------------	-------------------------

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.

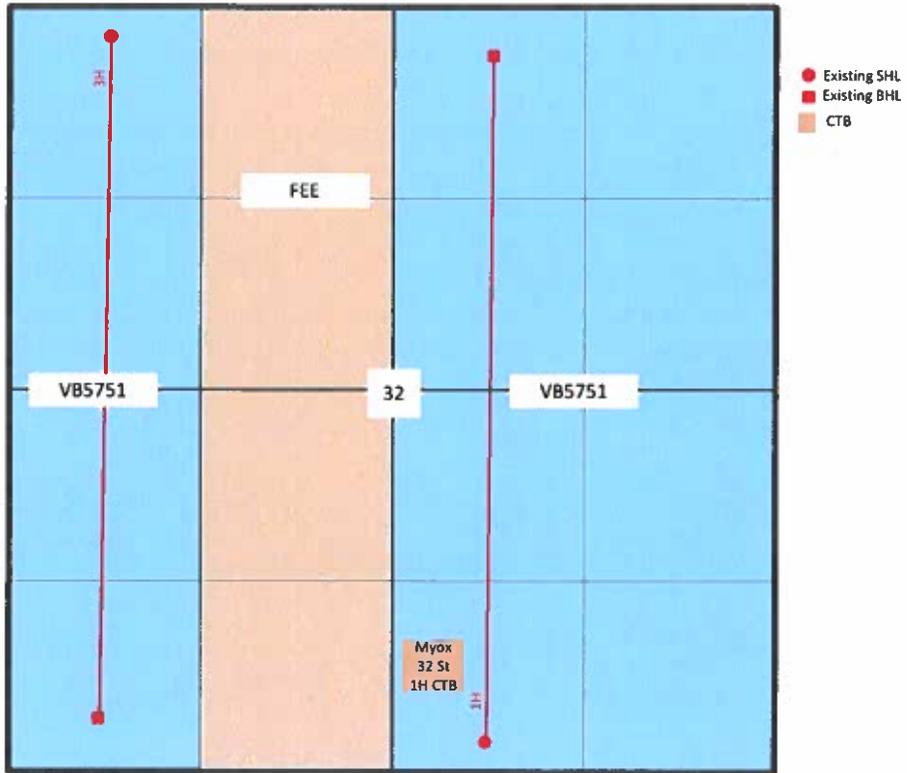
	<b><sup>17</sup> OPERATOR CERTIFICATION</b>	
	<i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location 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.</i>	
	<i>Jeanette Barron</i> Signature	9/17/19 Date
	Jeanette Barron Printed Name  jbarron@concho.com E-mail Address	
<b><sup>18</sup> SURVEYOR CERTIFICATION</b>		
<i>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.</i>		
REFER TO ORIGINAL PLAT		
Date of Survey		
Signature and Seal of Professional Surveyor:		
Certificate Number		

# Myox 32 State Com 1H Battery

- Meters - G<sub>1</sub> - 57451  
 G<sub>2</sub> - 88522062  
 C<sub>1</sub> - PJ-502-0133c  
 W<sub>1</sub> - 41655B  
 W<sub>2</sub> - 387233



Myox 32 State 1H & 3H



Sec 32 T-25S R-28E  
Eddy County, NM



Myox 32 State 3H

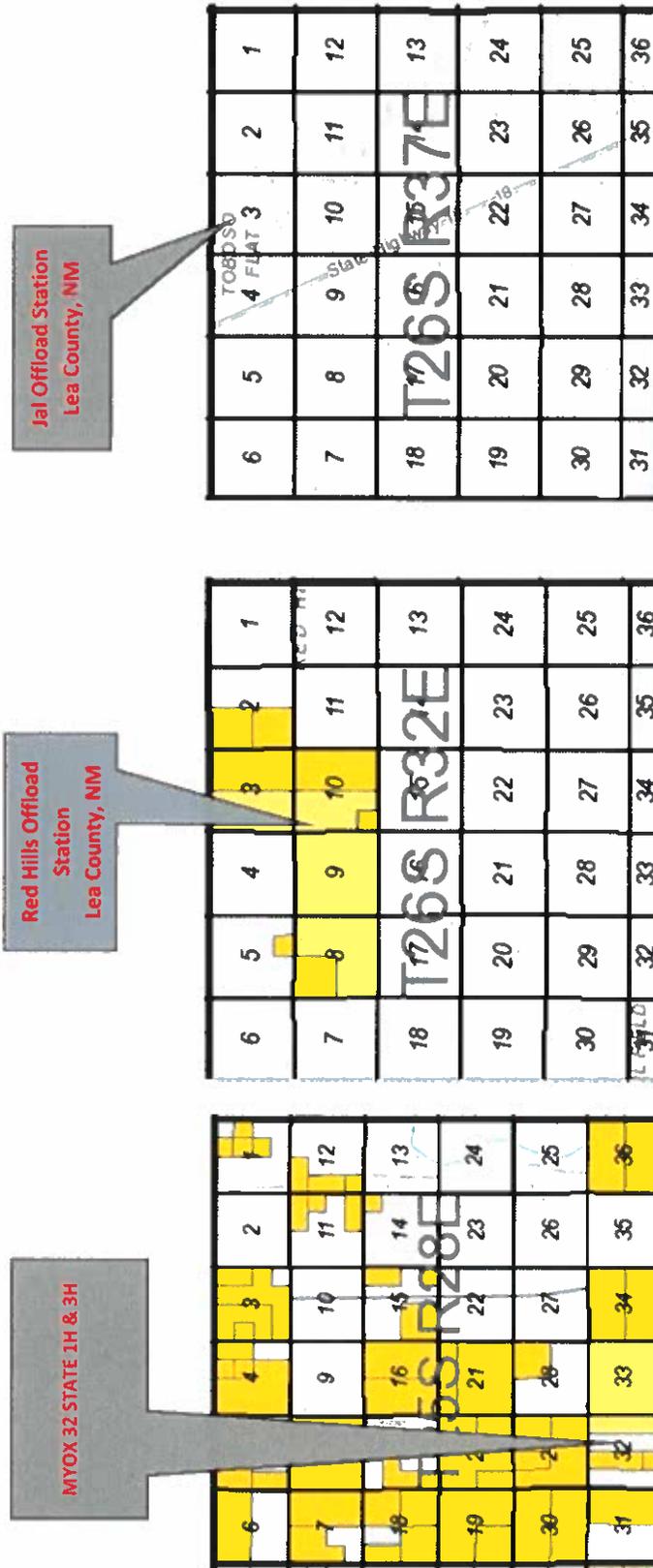
32

Myox 32 1 CTB

**MYOX 32 STATE 1H & 3H**

&

**Red Hills and Jal Offload Station Map**



**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



August 2, 2019

**RE:    Commingling Certification  
      Myox 32 State 1H & 3H  
      Township 26 South, Range 28 East**

To Whom It May Concern,

COG herein certifies that the Myox 32 State 1H and the Myox 32 State 3H share identical ownership as to Working interest and Revenue Interest owners.

**The revenue owners are identical. As defined in NMAC 19.15.12.7.B, identical ownership means leases or pools have the same working, royalty and overriding royalty owners in exactly the same percentages.**

Thanks,

A handwritten signature in blue ink, appearing to read "T Macha", written over a horizontal line.

Travis Macha  
Landman

EDI API Well Number	Prod Date	Field #	Field Name	Lease #	Lease Name	Well #	Property	Oil Prod Adj	Water Prod	Gas Prod	Days Up
3001541641	01/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	001H	9886678	44	114	477	2
3001541641	02/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	001H	9886678	523	1069	4686	14
3001541641	03/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	001H	9886678	1099	2786	9053	31
3001541641	04/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	001H	9886678	866	1951	6594	30
3001541641	05/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	001H	9886678	1002	2945	9179	31
3001541641	06/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	001H	9886678	680	2,163	7,145	30
3001541642	01/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	003H	8072846	447	1348	4849	31
3001541642	02/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	003H	8072846	554	1664	4962	28
3001541642	03/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	003H	8072846	464	1207	3877	31
3001541642	04/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	003H	8072846	102	237	783	9
3001541642	05/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	003H	8072846	415	1266	3857	31
3001541642	06/2019	16800	Delaware River;Bone Spring	040111	MYOX 32 STATE	003H	8072846	286	941	3,056	30

MYOX 32 STATE 1H

MYOX 32 STATE 3H

Date Sent	Initials	Name	Address	City	State	ZipCode	Certified Return Receipt No.	Delivered
	JB	EOG RESOURCES INC	P O BOX 840321	DALLAS	TX	75284-0321	9414 8149 0246 9822 0296 15	
	JB	COMMISSIONER OF PUBLIC LANDS	PO BOX 2308	SANTA FE	NM	87501	9414 8149 0246 9822 0296 22	
	JB	OXY Y-J COMPANY	P O BOX 841803	DALLAS	TX	75284	9414 8149 0246 9822 0296 39	
	JB	NESTEGG ENERGY CORP	2308 SIERRA VISTA RD	ARTESIA	NM	88210-9409	9414 8149 0246 9822 0344 66	