

NSL Initial Application

Received: 10/16/19

RECEIVED: 10/16/19	REVIEWER: LRL	TYPE: NSL	APP NO: pLEL1929834632
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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: Hambone Federal Com 705H	API: 30-015-
Pool: Purple Sage; Wolfcamp	Pool Code: 98220

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

FOR OCD ONLY	
<input type="checkbox"/>	Notice Complete
<input type="checkbox"/>	Application Content Complete

- 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

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.

Stan Wagner

 Print or Type Name

Stan Wagner

 Signature

10/2/19

 Date

(432) 253-9685

 Phone Number

swagner@concho.com

 e-mail Address



October 16, 2019

New Mexico Oil Conservation Division
1220 S. St. Francis Drive
Santa Fe, NM 87505

RE: Hambone Federal Com #705H NSL

To Whom It May Concern,

COG Operating LLC respectfully requests approval of a non-standard project area for the following wells:

Hambone Federal Com #704H – API #30-015-*****

SHL: 1353 FSL & 1725 FWL, U/L K, Sec 8, T26S, R29E

BHL: 200 FNL & 1254 FWL, U/L D, Sec 5, T26S, R29E

TVD: 9920'

The granting of this NSL will optimize the completed lateral length of this wellbore, reducing waste while protecting correlative rights, and improving well economics and increasing revenue to the State of New Mexico and the Federal Government.

COG Operating LLC is the Operator in Section 8, T26S, R29E. Devon Energy Production Company, LP, Et. Al., as non-operating working interest owners of the leasehold in these sections, has been sent notification via certified mail. Copies of said mail have been attached to this application.

Please contact me should you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Stan Wagner".

Stan Wagner
Regulatory Advisor
COG Operating, LLC
(432) 253-9685
swagner@concho.com

DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240
Phone: (575) 393-6181 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 RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 478-3480 Fax: (505) 476-3482

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-	Pool Code 98220	Pool Name Purple Sage; Wolfcamp
Property Code	Property Name HAMBONE FEDERAL COM	Well Number 705H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 2895.8'

Surface Location

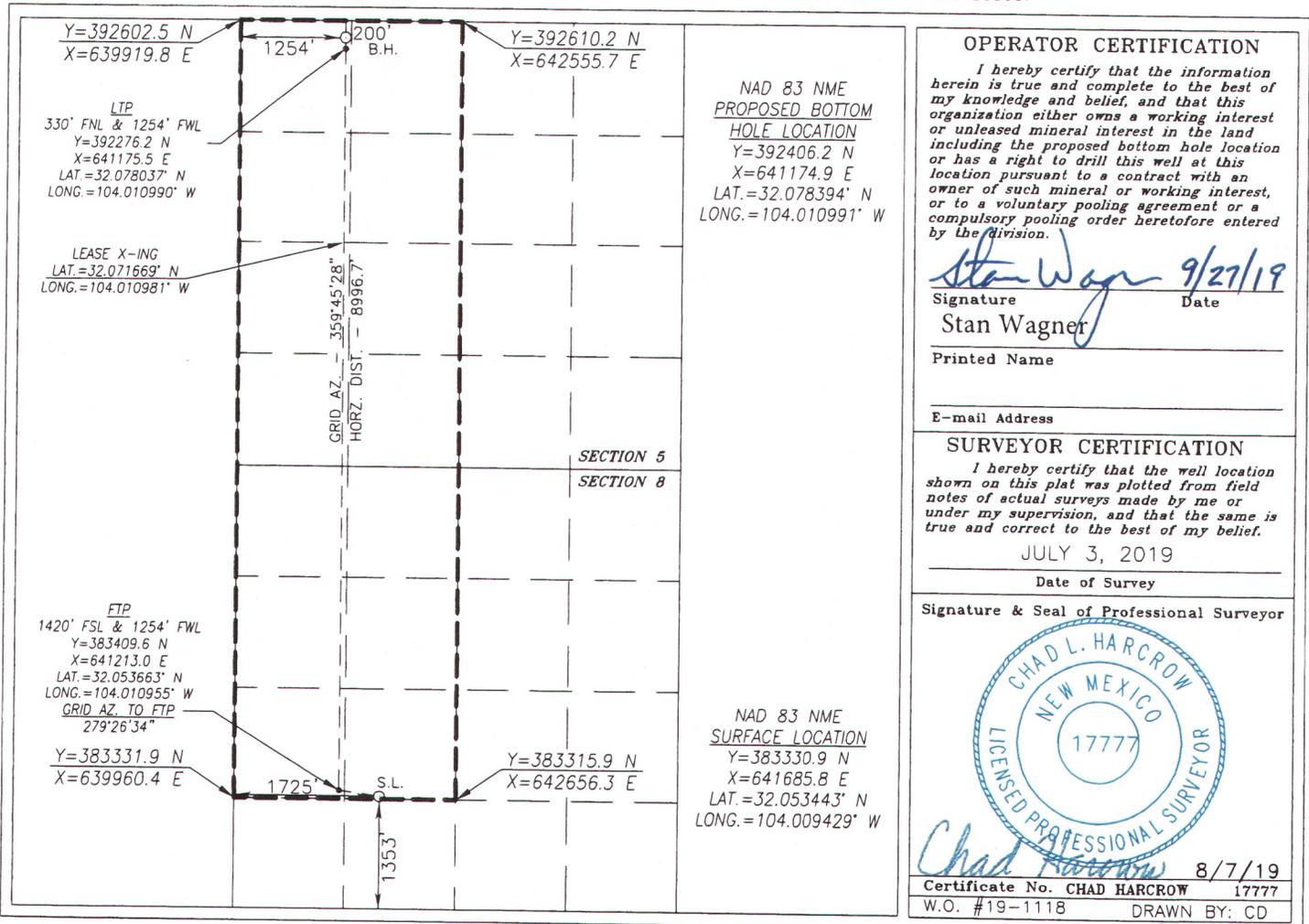
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	8	26-S	29-E		1353	SOUTH	1725	WEST	EDDY

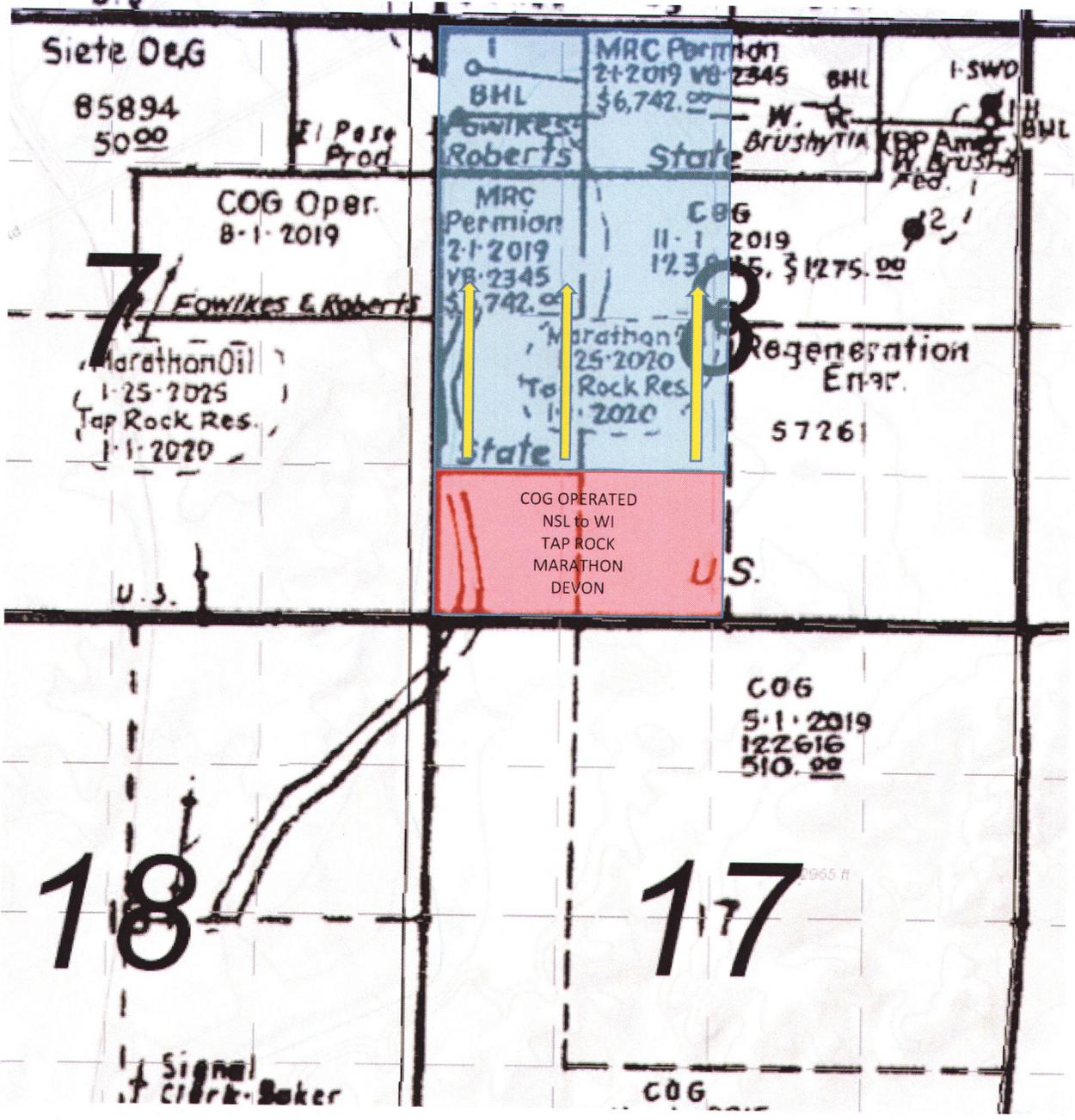
Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	5	26-S	29-E		200	NORTH	1254	WEST	EDDY

Dedicated Acres 560	Joint or Infill	Consolidation Code	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





Hambone Federal Com 704H, 705H, 706H
 Section 8-T26S-R29E, Eddy County, NM.



Sent Certified Mail
Receipt #: 91-7199-9991-7035-3278-4577

October 2, 2019

Devon Energy Production Company, LP
20 N. Broadway
Oklahoma City, OK 73102

RE: Designation of a Non-Standard Location by COG Operating LLC
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Section 8, T26S, R29E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Stan Wagner", with a long, sweeping horizontal line extending to the right.

Stan Wagner
Regulatory Advisor
COG Operating, LLC
(432) 253-6985
swagner@concho.com



Sent Certified Mail
Receipt #: 91-7199-9991-7035-3278-4560

October 2, 2019

Marathon Oil Permian LLC
5555 San Felipe St.
Houston, TX 77056

RE: Designation of a Non-Standard Location by COG Operating LLC
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Section 8, T26S, R29E, Eddy County, New Mexico.

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Please contact me should you have any questions.

Sincerely,

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Stan Wagner
Regulatory Advisor
COG Operating, LLC
(432) 253-6985
swagner@concho.com



Sent Certified Mail
Receipt #: 91-7199-9991-7035-3278-4553

October 2, 2019

Tap Rock Operating, LLC
602 Park Point Drive
Suite 200
Golden, CO 80401

RE: Designation of a Non-Standard Location by COG Operating LLC
Eddy County, New Mexico

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking to designate a non-standard location in Section 8, T26S, R29E, Eddy County, New Mexico.

Should your company have any objection, it must be filed in writing within twenty (20) days from the date of this notice. Non response within the 20 day notice shall constitute an approval/waiver of protest to COG's non-standard location.

Please contact me should you have any questions.

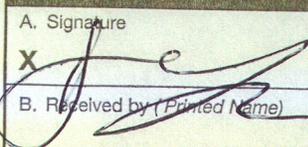
Sincerely,

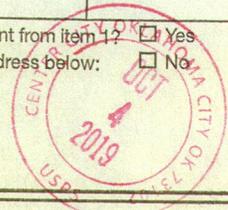
A handwritten signature in black ink, appearing to read "Stan Wagner", with a long, sweeping horizontal stroke extending to the right.

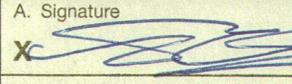
Stan Wagner
Regulatory Advisor
COG Operating, LLC
(432) 253-6985
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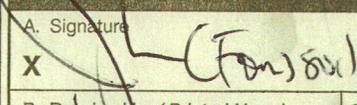
P

F

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature <input checked="" type="checkbox"/> 	
	B. Received by (Printed Name) _____ C. Date of Delivery _____	
1. Article Addressed to: DEVON ENERGY PRODUCTION CO, LP 20 N. BROADWAY OKLAHOMA CITY, OK 73102	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article (Trans) 91 7199 9991 7035 3278 4577	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature <input checked="" type="checkbox"/> 	
	B. Received by (Printed Name) <u>T. Ocampo</u> C. Date of Delivery _____	
1. Article Addressed to: MARATHON OIL PERMIAN LLC 5555 SAN FELIPE ST. HOUSTON, TX 77056	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article (Trans) 91 7199 9991 7035 3278 4560	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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	B. Received by (Printed Name) <u>Jay Miller</u> C. Date of Delivery <u>10/5/19</u>	
1. Article Addressed to: TAP ROCK OPERATING LLC 602 PARK POINT DRIVE SUITE 200 GOLDEN, CO 80401	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article (Trans) 91 7199 9991 7035 3278 4553	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		