

2/03/2015 DATE	SUSPENSE	MAM ENGINEER	2/03/2015 LOGGED IN	NSP TYPE	PMAM150344546 APP NO.
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ABOVE THIS LINE FOR DIVISION USE ONLY

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



2015 FEB -3
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2015 FEB -3
P 2552

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

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☒ NSP ☐ SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

- [D] Other: Specify _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A] ☐ Working, Royalty or Overriding Royalty Interest Owners
[B] ☐ Offset Operators, Leaseholders or Surface Owner
[C] ☐ Application is One Which Requires Published Legal Notice
[D] ☒ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
[E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,
[F] ☐ Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **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.

Mayte Reyes
Print or Type Name

Signature

Regulatory Analyst
Title

2/2/15
Date

mreyes1@concho.com
e-mail Address



February 2, 2015

New Mexico Oil Conservation Division
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

Attention: Mr. Michael McMillan

Re: Application for Non Standard Proration Unit
Osprey 20 State Com #3H
Township 21 South, Range 34 East
SHL: 2590' FSL & 1680' FWL of Sec 20
BHL: 3418' FNL & 1970' FWL of Sec 29
Lea County, New Mexico

FTP: 2033' FSL & 1742' FWL
LTP: 2250' FSL & 1890' FWL

Dear Mr. McMillan:


Pursuant to Division Rule 19.15.15.11, COG Operating LLC (COG) respectfully requests administrative approval of a Non Standard Proration Unit for its Osprey 20 State Com #3H well. This well was planned as a 1.5 mile horizontal, with a target BHL at 330' FSL & 1980' FWL, section 29. Due to drilling difficulties, the SESW of section 29 was not penetrated.

COG is the only affected offset operator. A copy of this application has also been sent by certified mail, return receipt requested, to the New Mexico State Land Office.

Attached is a Form C-102 showing the well and the project area

Thank you for your consideration of this application. Should you have questions or require further information, please contact Mayte Reyes at 575-748-6945 email mreyes1@concho.com or Melanie Parker at 575-748-6952 email at mparker@concho.com.

Sincerely,


Mayte Reyes
Regulatory Analyst



February 2, 2015

Certified Mail – Return Receipt Requested

State of New Mexico
Commissioner of Public Lands
310 Old Santa Fe Trail
Santa Fe, NM 87501

Re: Application for Non Standard Proration Unit
Osprey 20 State Com #3H
Township 21 South, Range 34 East
SHL: 2590' FSL & 1680' FWL of Sec 20
BHL: 3418' FNL & 1970' FWL of Sec 29
Lea County, New Mexico

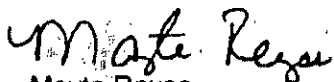
FTP: 2033' FSL & 1742' FWL
LTP: 2250' FSL & 1890' FWL

Gentlemen:

Attached is a copy of COG's Application for Non Standard Proration Unit for the Osprey 20 State Com #3H well in Section 20, Township 21 South, Range 34 East, Lea County, New Mexico. You are being sent a copy of this Application because you are the mineral owner of this tract. If you have any objection to this Application, notification should be given to OCD within 20 days of receipt of this letter.

If you have any questions regarding this Application, please contact me at 575-748-6945 or Melanie Parker at 575-748-6952.

Sincerely,


Mayte Reyes
Regulatory Analyst

Enclosure

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (505) 393-6161 Fax: (505) 393-0720
District II
811 S. First St., Azusa, NM 88210
Phone: (505) 748-1283 Fax: (505) 748-9720
District III
1000 Rio Huerfano Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6178
District IV
1220 S. M. 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

HOBBS OCD

Form C-102

Revised August 1, 2011

Submit one copy to appropriate
District Office

RECEIVED

☐ AMENDED REPORT
As Drilled

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-40969		Pool Code 97962	Pool Name WC-025 G07 S213430M; Bone Spring
Property Code 39678	Property Name Osprey 20 State Com		Well Number 3H
OGRID No. 229137	Operator Name COG Operating LLC		Elevation 3714'

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	20	21S	34E		2590	South	1680	West	Lea

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
K	29	21S	34E		1868	South	1970	West	Lea
Dedicated Acres 200		Joint or Infill	Consolidation Code		Order No. 34118				

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.

	SEC 20-T21S-R34E	<p>17 OPERATOR CERTIFICATION</p> <p>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 released mineral interest in the land including the proposed bottom hole location or has a right to drill that 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 this division.</p> <p><i>Stormi Davis</i> 1/7/14 Signature Date</p> <p>Stormi Davis Regulatory Analyst Printed Name</p> <p>sdavis@concho.com Email Address</p> <p>18 SURVEYOR CERTIFICATION</p> <p>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.</p> <p>Date of Survey Signature and Seal of Professional Surveyor</p> <p>REFER TO ORIGINAL PLAT</p> <p>Certificate Number</p>
	SEC 29-T21S-R34E	

JAN 15 2014



February 2, 2015

New Mexico Oil Conservation Division
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

Attention: Mr. Michael McMillan

Re: Application for Non Standard Proration Unit
Osprey 20 State Com #7H
Township 21 South, Range 34 East
SHL: 2590' FSL & 1730' FWL of Sec 20
BHL: 1650' FSL & 1980' FWL of Sec 29
Lea County, New Mexico

Planned FTP: 2310' FSL & 1730' FWL
Planned LTP: 1650' FSL & 1980' FWL

Dear Mr. McMillan:

Pursuant to Division Rule 19.15.15.11, COG Operating LLC (COG) respectfully requests administrative approval of a Non Standard Proration Unit for its Osprey 20 State Com #7H well. The SESW of Sec 29 is not included in this proration unit because it is dedicated to the Merlin State #1H well that COG Operating LLC operates.

COG is the only affected offset operator. A copy of this application has also been sent by certified mail, return receipt requested, to the New Mexico State Land Office.

Attached is a Form C-102 showing the well and the project area

Thank you for your consideration of this application. Should you have questions or require further information, please contact Mayte Reyes at 575-748-6945 email mreyes1@concho.com or Melanie Parker at 575-748-6952 email at mparker@concho.com.

Sincerely,

A handwritten signature in cursive script that reads "Mayte Reyes".

Mayte Reyes
Regulatory Analyst

DISTRICT I
1625 N. FREYER DR., ROSAS, NM 86240
Phone: (505) 293-0181 Fax: (505) 293-0720

DISTRICT II
511 S. FIRST ST., ARIZONA, NM 88210
Phone: (505) 748-1123 Fax: (505) 748-0720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-0178 Fax: (505) 334-0170

DISTRICT IV
1529 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 478-3489 Fax: (505) 478-3482

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 30-025-	Pool Code 97962	Pool Name WC-025 G07 S213430M; Bone Spring
Property Code 39678	Property Name OSPREY 20 STATE COM	Well Number 7H
OCRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3716.0

Surface Location

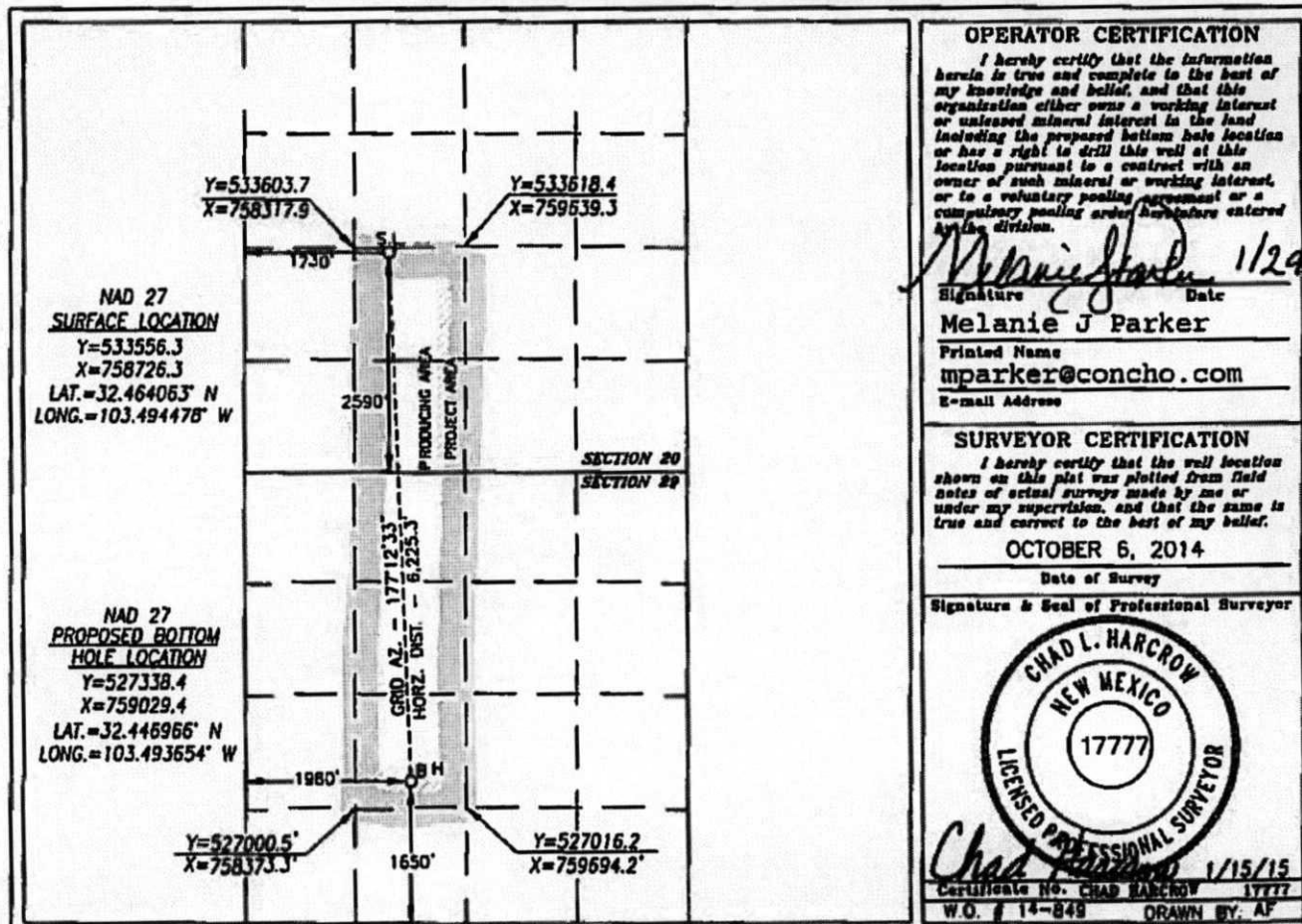
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	20	21-S	34-E		2590	SOUTH	1730	WEST	LEA

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
K	29	21-S	34-E		1650	SOUTH	1980	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
200			

**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**



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: OSP/EN 20 ST COM</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>State of New Mexico Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505</p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from) 7011 1570 0000 7781 4469</p>		<p>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. </p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: OSP/EN 20 ST COM #94</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>Commissioner of Public Lands PO Box 1148 Santa Fe, NM 87504-1148</p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service) 7011 1570 0000 7781 4476</p>		<p>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. </p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p>A. Signature: X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: OSPKEY 20 ST COM #1211</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>Commissioner of Public Lands PO Box 1148 Santa Fe, NM 87504-1148</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number: 7011 1570 0000 7781 4483 (Transfer from service history)</p>		<p>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"/> O.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 102565-02-M-1540</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>		<p>A. Signature: X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: OSPKEY 20 ST COM #1211</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>State of New Mexico Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number: 7011 1570 0000 7781 4421 (Transfer from service history)</p>		<p>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"/> O.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 102565-02-M-1540</p>			

(District I)
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 334-6161 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 Huerfano 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
(As Drilled)

AUG 18 2014

RECEIVED

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-025-41590		2 Pool Code 96403 97962		3 Well Name Wildecat; Bont Spring	
4 Property Code 40318		5 Property Name Merlin State Com			6 Well Number 1H
7 OCRIID No. 229137		8 Operator Name COG Operating LLC			9 Elevation 3721' GR

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
N	29	21S	34E		1130	South	1650	West	Lea

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
N	32	21S	34E		357 352	South	2069	West	Lea

12 Dedicated Acres 200	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.

	<p>17 OPERATOR CERTIFICATION</p> <p>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 an undivided 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.</p> <p>Signature: <i>Stormi Davis</i> Date: 8/14/14</p> <p>Stormi Davis Printed Name</p> <p>sdavis@concho.com E-mail Address</p>
	<p>18 SURVEYOR CERTIFICATION</p> <p>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.</p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p> <p>REFER TO ORIGINAL PLAT</p> <p>Certificate Number</p>

SEP 16 2014