11/20/2014 DATE IN	SUSPENSE	PRG ENGINEER	11/24/2014 LOGGED IN	SWD TYPE	pMAM1432855643 APP NO.

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- 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

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]

- SWD
- COG Operating, LLC 229137
- well CorAzon 4 state SWD#2 30-025-Pending

[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 _____

RECEIVED OCD
2014 NOV 20 P 3:05

[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

Pool
- SWD; Devonian 96101

[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.

BRIAN COLLINS		Operations Engineering Advisor	13 Nov 2014
Print or Type Name	Signature	Title	Date

bcollins@concho.com
e-mail Address

CONCHO

RECEIVED OCD

2014 NOV 20 P 3:05

November 13, 2014

New Mexico Oil Conservation Division
Attn: Phillip Goetze
1220 South St. Francis Drive
Santa Fe, NM 87505

RE: Application For Authorization To Inject
Corazon 4 State SWD #2
Township 21 South, Range 33 East, N.M.P.M.
Section 4: 3500' FNL & 2500' FEL
Lea County, New Mexico

Dear Mr. Goetze:

COG Operating LLC respectfully requests administrative approval for authorization to inject for the referenced well. Attached, for your review, is a copy of the C-108 application. Once we receive the newspaper publication and all certified return receipts, I will send you a copy.

Our geologic prognosis has the top of the Devonian at 15393', Fusselman at 15795', and Simpson at 16907'. I'm permitting the injection interval a couple of hundred feet shallower and deeper than the prognosis just in case the formation tops are different than expected due to the lack of deep well control in this area. We will likely call TD about 1250' to 1500' below the actual top of the Devonian when we drill the well.

Please do not hesitate to contact me at (575) 748-6940 should you have any questions.

Sincerely,

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

CORPORATE ADDRESS
One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
PHONE 432.683.7443 | FAX 432.683.7441

LOCAL ADDRESS
Concho West | 2208 West Main Street | Artesia, New Mexico 88210
PHONE 575.748.6940 | FAX 575.748.6968

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

FORM C-108
Revised June 10, 2003

APPLICATION FOR AUTHORIZATION TO INJECT

I. PURPOSE: _____Secondary Recovery _____Pressure Maintenance ___X___Disposal _____Storage
Application qualifies for administrative approval? ___X___Yes _____No

II. OPERATOR: COG Operating, LLC.

ADDRESS: 2208 West Main St, Artesia, NM 88210

CONTACT PARTY: BRIAN COLLINS PHONE: 575-748-6940

III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? _____Yes ___X___No
If yes, give the Division order number authorizing the project: _____

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).

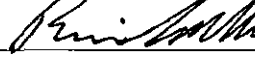
*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: BRIAN COLLINS TITLE: Operations Engineering Advisor

SIGNATURE:  DATE: 13 Nov 2014

E-MAIL ADDRESS: bcollins@concho.com

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

C-108 Application for Authorization to Inject
CORAZON 4 STATE SWD #2
3500' FNL, 2500' FEL
Unit J, Section 4, T21S, R33E
Lea County, NM

COG Operating, LLC, proposes to drill the captioned well to 16,900' for salt water disposal service into the Devonian/Silurian/Upper Ordovician from approximately 15,200' to 16,900'. A drilling permit will be submitted upon approval of this C-108.

V. Map is attached.

VI. No wells within the ½ mile radius area of review penetrate the proposed injection zone.

VII. 1. Proposed average daily injection rate = 17,300 BWPD
Proposed maximum daily injection rate = 25,000 BWPD

2. Closed system

3. Proposed maximum injection pressure = 3040 psi
(0.2 psi/ft. x 15,200' ft.)

4. Source of injected water will be Delaware Sand, Bone Spring Sand and Wolfcamp produced water. No compatibility problems are expected. Analyses of Delaware, Bone Spring and Wolfcamp waters from analogous source wells are attached.

VIII. The injection zone is the Devonian/Silurian/Upper Ordovician, a mixture of non-hydrocarbon bearing limestone and dolomite from 15200' to 16900'.
Any underground water sources will be shallower than 1670', the estimated top of the Rustler Anhydrite.

IX. The Devonian/Silurian/Upper Ordovician injection interval will be acidized with approximately 40,000 gals of 20 % HCl acid.

X. Well logs will be filed with the Division. There are no nearby Devonian penetrations so no analog well logs are available.

XI. There are no fresh water wells within a mile of the proposed SWD well.

XII. After examining the available geologic and engineering data, no evidence was found of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.

XIII. Proof of Notice is attached.

III.

WELL DATA

Side I

INJECTION WELL DATA SHEET

OPERATOR: COG Operating, LLC

WELL NAME & NUMBER: Corazon 4 State SWD No. 2

WELL LOCATION: 3500' FNL, 2500' FEL | J | 4 | 21s | 33e

FOOTAGE LOCATION | UNIT LETTER | SECTION | TOWNSHIP | RANGE

WELLBORE SCHEMATIC

See Attached Wellbore Schematic

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 17 1/2" (26") | Casing Size: 13 3/8" @ ± 5600' (20" @ ± 1700')

Cemented with: - sx. | or ± 7000 (± 5000) ft³

Top of Cement: Surface | Method Determined: Design

Intermediate Casing

Hole Size: 12 1/4" | Casing Size: 9 5/8" @ ± 11600'

Cemented with: - sx. | or ± 4500 ft³

Top of Cement: Surface | Method Determined: Design

Production Casing

Hole Size: 8 1/2" | Casing Size: 7" Liner ± 11400 - ± 15200'

Cemented with: - sx. | or ± 700 ft³

Top of Cement: Top of Liner | Method Determined: Design

Total Depth:

Injection Interval

± 15200' feet to ± 16900'

(Perforated or Open Hole; indicate which)

Side 2

INJECTION WELL DATA SHEET

Tubing Size: 4½" Lining Material: Duoline 20 / CLS Glassbore

Type of Packer: Nickel plated 10K double grip retrievable or 10K nickel plated permanent

Packer Setting Depth: ± 15150'

Other Type of Tubing/Casing Seal (if applicable): N/A

Additional Data

1. Is this a new well drilled for injection? X Yes _____ No

   If no, for what purpose was the well originally drilled? _____

2. Name of the Injection Formation: Devonian / Silurian / Upper Ordovician

3. Name of Field or Pool (if applicable): -

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No

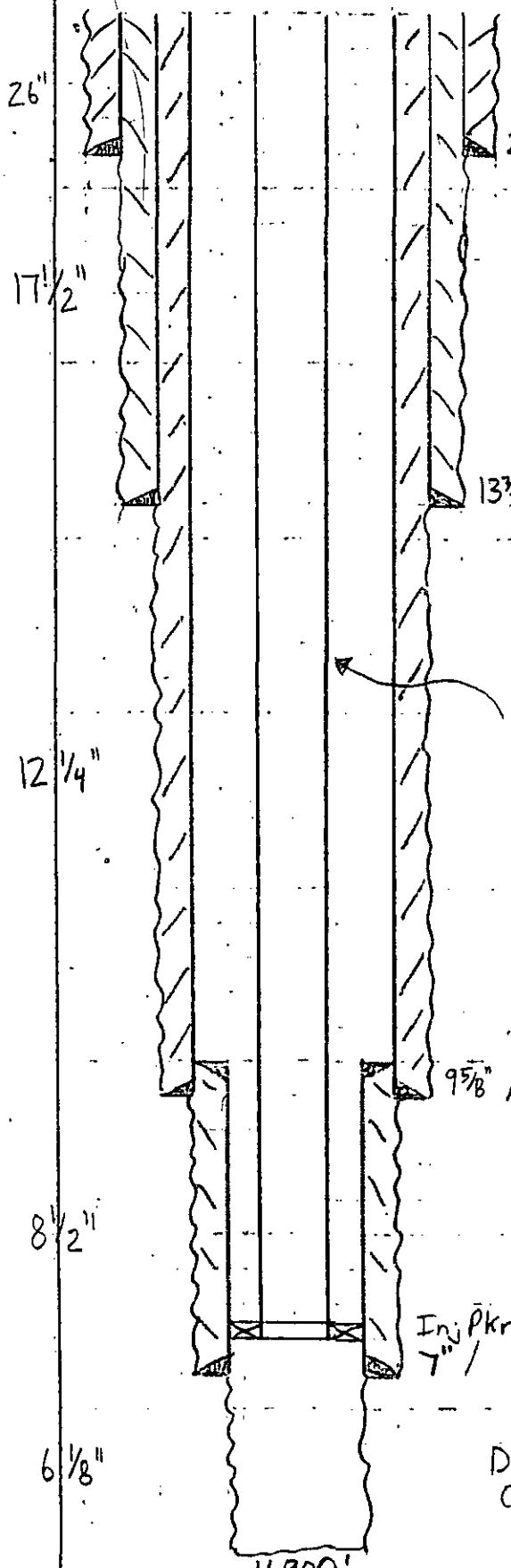
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

   Overlying : Yates / 7 Rivers ± 3700', Bone Spring ± 8450', Morrow ± 13750'

   Underlying : None

30-025-

Corazon 4 State SWD 2
3500' FNL, 2500' FEL
J-4-21s-33e
Lea NM



20" / / / @ ± 1700' ± 5000 CF Cmt

13 3/8" / / / @ ± 5600' ± 7000 CF Cmt

4 1/2" Inj. Tbg

9 5/8" / / / @ ± 11600' ± 4500 CF Cmt

Inj Pkr @ ± 15150'

7" / / / Liner @ ± 11400 - ± 15200' ± 700 CF Cmt.

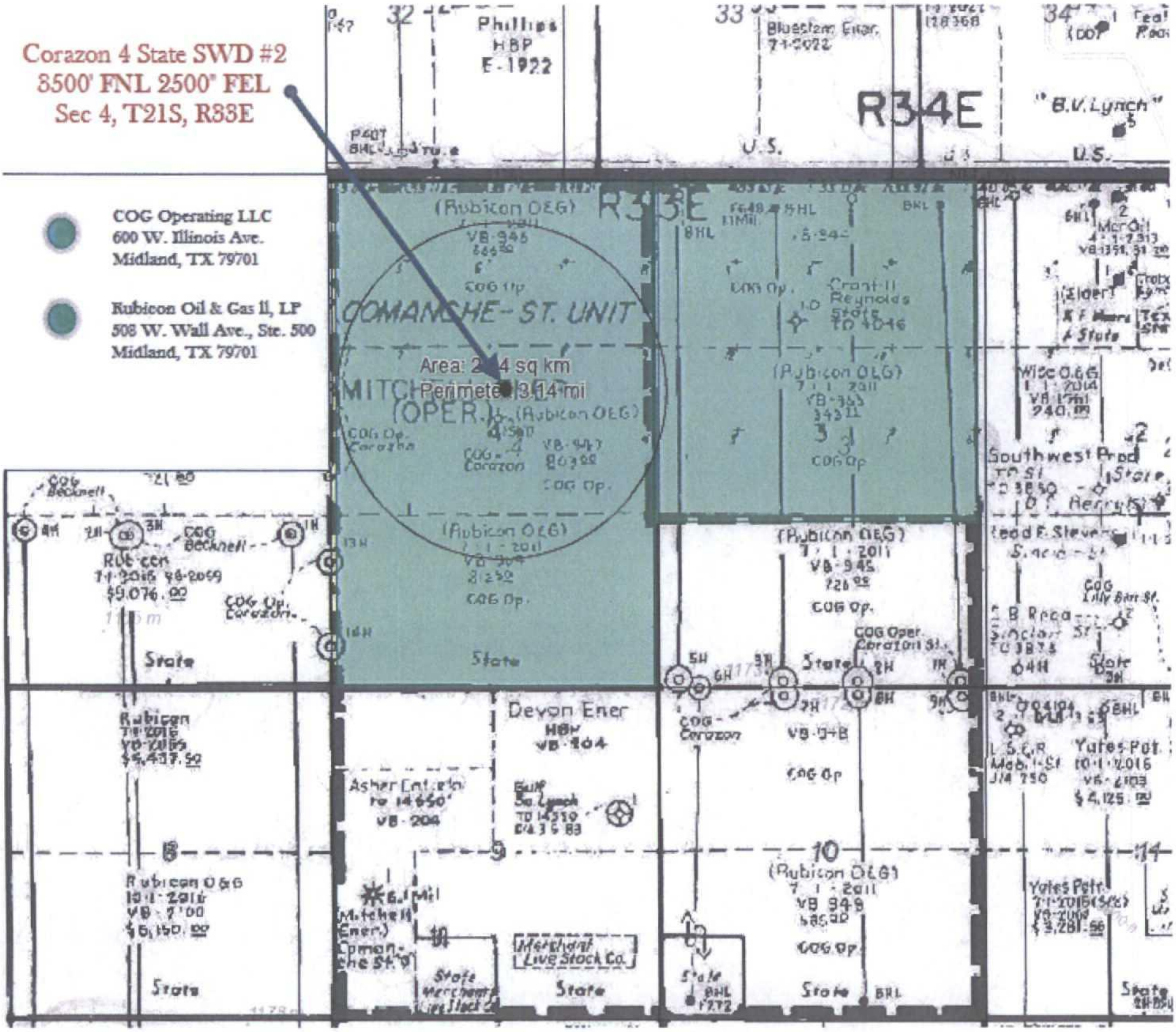
Devonian/Silurian/Ordovician
OH Inj. Interval
± 15200 - ± 16900'

"Not To Scale"

TOPS
35500

V.

MAP



Corazon 4 State SWD #2
3500' FNL 2500' FEL
Sec 4, T21S, R33E
COG Operating LLC
600 W. Illinois Ave.
Midland, TX 79701
Rubicon Oil & Gas II, LP
508 W. Wall Ave., Ste. 500
Midland, TX 79701
R34E
R33E
COMANCHE-ST. UNIT
Phillips
HBP
E-1922
Bluestem Ener.
U.S.
"B.V. Lynch"
(Rubicon O&G)
COG Op.
Devon Ener
HBP
VB-204
Southwest Prod
Yates Pet.
Merchant Live Stock Co.
State

VI.

No Wells Penetrate Proposed Disposal Interval Within Half Mile Area of Review

VII.

Water Analysis Produced Formation Water

No Water Analyses Available for Receiving Formation

X.

No Log Available Across Proposed Devonian/Silurian/Upper Ordovician Injection Interval

XI.

Fresh Water Sample Analyses

New Mexico Office of the State Engineer

Active & Inactive Points of Diversion

(with Ownership Information)

(R=POD has been replaced and no longer serves this file, C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

(acre ft per annum)

WR File Nbr	Sub basin	Use	Diversion	Owner	County	POD Number	Code	Grant	Source	q q q 6416	4	Sec	Tws	Rng	X	Y
CP 00799		PLS	3	DANIEL C. BERRY	LE	CP 00799					4 3 4	34	20S	34E	636666	3599364*
CP 01288		EXP	0	BERRY RANCH	LE	CP 01288 POD1					4 4 2	34	20S	34E	637134	3600204
CP 01289		COM	0	ATKINS ENGR ASSOC INC	LE	CP 01289 POD1			Artesian		4 4 2	34	20S	34E	637037	3600261
CP 01327		PRO	0	COG OPERATING	LE	CP 01289 POD1			Artesian		4 4 2	34	20S	34E	637037	3600261
CP 01328		PRO	0	COG OPERATING	LE	CP 01289 POD1			Artesian		4 4 2	34	20S	34E	637037	3600261
CP 01329		PRO	0	COG OPERATING	LE	CP 01289 POD1			Artesian		4 4 2	34	20S	34E	637037	3600261
CP 01330		COM	0	BERRY RANCH/GLENNS WW SERV INC	LE	CP 01330 POD1			Artesian		3 2 1	34	20S	34E	636197	3600483
CP 01334		COM	0	ATKINS ENGR ASSOC INC	LE	CP 01334 POD1			Artesian		3 2 4	35	20S	34E	638402	3599879
CP 01335		COM	0	ATKINS ENGR ASSOC INC	LE	CP 01335 POD1		NON	Artesian		4 1 4	35	20S	34E	638205	3599736
CP 01346		PRO	0	COG OPERATING	LE	CP 01330 POD1			Artesian		3 2 1	34	20S	34E	636197	3600483
CP 01347		PRO	0	COG OPERATING	LE	CP 01330 POD1			Artesian		3 2 1	34	20S	34E	636197	3600483
CP 01348		PRO	0	COG OPERATING	LE	CP 01330 POD1			Artesian		3 2 1	34	20S	34E	636197	3600483
CP 01352		COM	0	BERRY RANCH/GLENNS WW SERV INC	LE	CP 01352 POD1		NON	Artesian		3 1 4	34	20S	34E	636559	3599716
CP 01369		PRO	0	COG OPERATING	LE	CP 01334 POD1			Artesian		3 2 4	35	20S	34E	638402	3599879
CP 01370		PRO	0	COG OPERATING	LE	CP 01334 POD1			Artesian		3 2 4	35	20S	34E	638402	3599879
CP 01371		PRO	0	COG OPERATING	LE	CP 01334 POD1			Artesian		3 2 4	35	20S	34E	638402	3599879
CP 01372		PRO	0	COG OPERATING	LE	CP 01352 POD1		NON	Artesian		3 1 4	34	20S	34E	636559	3599716
CP 01373		PRO	0	COG OPERATING	LE	CP 01352 POD1		NON	Artesian		3 1 4	34	20S	34E	636559	3599716

All greater than 1 mile away.

*UTM location was derived from PLSS - see Help

(R=POD has been replaced and no longer serves this file, C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(acre ft per annum)

(quarters are smallest to largest) (NAD83 UTM in meters)

WR File Nbr.	Sub basin	Use	Diversion	Owner	County	POD Number	Code	Grant	Source	q q q 6416	4	Sec	Tws	Rng	X	Y
CP 01374		PRO	0	COG OPERATING	LE	CP 01352 POD1		NON	Artesian	3	1	4	34	20S	34E	636559	3599716
CP 01375		PRO	0	COG OPERATING	LE	CP 01335 POD1		NON	Artesian	4	1	4	35	20S	34E	638205	3599736
CP 01376		PRO	0	COG OPERATING	LE	CP 01335 POD1		NON	Artesian	4	1	4	35	20S	34E	638205	3599736
CP 01377		PRO	0	COG OPERATING	LE	CP 01335 POD1		NON	Artesian	4	1	4	35	20S	34E	638205	3599736
CP 01389		EXP	0	BERRY RANCH/GLENNS WW SERV INC	LE	CP 01389 POD1				1	1	1	34	20S	34E	635725	3600733
CP 01391		EXP	0	ATKINS ENGR ASSOC INC	LE	CP 01391 POD1				1	4	2	34	20S	34E	636834	3600363

All greater than 1 mile away.

Record Count: 24

PLSS Search:

Section(s): 31, 32, 33, 34, 35, 36 **Township:** 20S **Range:** 34E

Sorted by: File Number

New Mexico Office of the State Engineer

Active & Inactive Points of Diversion

(with Ownership Information)

No PODs found.

PLSS Search:

Section(s): 3, 4, 5, 8, 9, 10 **Township:** 21S **Range:** 33E

TH (CaCO3)	Na (mg/L)	K (mg/L)	Zn (mg/L)	Fe (mg/L)	Ba (mg/L)	Sr (mg/L)	Mn (mg/L)	Resistivity	HCO3 (mg/L)	CO3 (mg/L)	OH (mg/L)	SO4 (mg/L)	Cl (mg/L)	CO2 (mg/L)	H2S (mg/L)
83379.63	62970.16	1133.12	38.78	20.06	1.64	905.03	9.33		73.00	0.00		70.00	161300.00	360.00	0.00

TH (CaCO3)	Na (mg/L)	K (mg/L)	Zn (mg/L)	Fe (mg/L)	Ba (mg/L)	Sr (mg/L)	Mn (mg/L)	Resistivity	HCO3 (mg/L)	CO3 (mg/L)	OH (mg/L)	SO4 (mg/L)	Cl (mg/L)	CO2 (mg/L)	H2S (mg/L)
13271.35	69386.15	1109.30	0.00	17.57	0.00	483.07	0.00		1403.00	0.00		700.00	128800.00	400.00	0.00

TH (CaCO3)	Na (mg/L)	K (mg/L)	Zn (mg/L)	Fe (mg/L)	Ba (mg/L)	Sr (mg/L)	Mn (mg/L)	Resistivity	HCO3 (mg/L)	CO3 (mg/L)	OH (mg/L)	SO4 (mg/L)	Cl (mg/L)	CO2 (mg/L)	H2S (mg/L)
13352.51	28320.32	350.70	0.00	17.85	1.77	707.79	0.00		220.00	0.00		950.00	54600.00	60.00	0.00

WATER SAMPLES REPRESENTATIVE OF WATER BEING INJECTED INTO THE PROPOSED SWD WELL

Delaware

Lab Test #	Lease	Location	Salesman	Date Out	Sample Date	Specific Gravity	Ionic Strength	TDS	pH	conductivity	Ca (mg/L)	Mg (mg/L)
2011128362	Sly Hawk State	1	William D Polk	9/28/2011	9/13/2011	1.17	4.06	256802.26	6.50		26180.00	4101.14

Bone Spring

Lab Test #	Lease	Location	Salesman	Date Out	Sample Date	Specific Gravity	Ionic Strength	TDS	pH	conductivity	Ca (mg/L)	Mg (mg/L)
2012108003	Boyles	24 1H	William D Polk	4/16/2012	4/3/2012	1.13	3.41	206441.81	6.69		3700.86	841.87

Wolfcamp

Lab Test #	Lease	Location	Salesman	Date Out	Sample Date	Specific Gravity	Ionic Strength	TDS	pH	conductivity	Ca (mg/L)	Mg (mg/L)
2012105892	Augustus 10	1H		3/15/2012	3/8/2012	1.06	1.46	89771.55	6.60		3963.30	639.83

August xx, 2014

Hobbs News-Sun
P.O. Box 850
Hobbs, NM 88240

Re: **Legal Notice**
Salt Water Disposal Well
Corazon 4 State SWD #2

To Whom It May Concern:

Enclosed is a legal notice regarding New Mexico Oil Conservation Division C-108 Application for Authorization to Inject for a salt water disposal well.

Please run this notice and return the proof of notice to the undersigned at:

COG Operating LLC, 2208 W. Main St., Artesia, NM 88210

Sincerely,

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

HOBBS NEWS-SUN
LEGAL NOTICES

COG Operating LLC, 2208 W. Main Street, Artesia, New Mexico, 88210, has filed Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division seeking administrative approval for a salt water disposal well. The proposed well, the Corazon 4 State SWD No. 2 is located 3500' FNL and 2500' FEL, Section 4, Township 21 South, Range 33 East, Lea County, New Mexico. Disposal water will be sourced from area wells producing from the Delaware, Bone Spring and Wolfcamp formations. The disposal water will be injected into the Devonian formation at a depth of 15,200' to 16,900' at a maximum surface pressure of 3040 psi and a maximum rate of 25,000 BWPD. The proposed SWD well is located approximately 25 miles west of Eunice. Any interested party who has an objection to this must give notice in writing to the Oil Conservation Division, 1220 South Saint Francis Street, Santa Fe, New Mexico, 87505, within fifteen (15) days of this notice. Any interested party with questions or comments may contact Brian Collins at COG Operating LLC, 2208 W. Main Street, Artesia, New Mexico 88210, or call 575-748-6940.

Published in the Hobbs News-Sun Hobbs, New Mexico
_____, 2014.

LEGAL NOTICE
November 16, 2014

COG Operating LLC, 2208 W. Main Street, Artesia, New Mexico, 88210, has filed Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division seeking administrative approval for a salt water disposal well. The proposed well, the Corazon 4 State SWD No.2 is located 3500' FNL and 2500' FEL, Section 4, Township 21 South, Range 33 East, Lea County, New Mexico. Disposal water will be sourced from area wells producing from the Delaware, Bone Spring and Wolfcamp formations. The disposal water will be injected into the Devonian formation at a depth of 15,200' to 16,900' at a maximum surface pressure of 3040 psi and a maximum rate of 25,000 BWPD. The proposed SWD well is located approximately 25 miles west of Eunice. Any interested party who has an objection to this must give notice in writing to the Oil Conservation Division, 1220 South Saint Francis Street, Santa Fe, New Mexico, 87505, within fifteen (15) days of this notice. Any interested party with questions or comments may contact Brian Collins at COG Operating LLC, 2208 W. Main Street, Artesia, New Mexico 88210, or call 575-748-6940.
#29574

SENDER: COMPLETE THIS SECT

- 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.

1. Article Addressed to:

New Mexico Oil Conservation Division
Attn: Phillip Goetze
1220 South St. Francis Drive
Santa Fe, NM 87505
Corazon 4 State SWD 2

A. Signature

Agent
Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

NOV 19 2014

Service Type
Certified Mail
Registered
Insured Mail
Express Mail
Return Receipt for Merchandise
Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* Yes

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

SENDER: COMPLETE THIS SECT

- 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.

1. Article Addressed to:

Rubicon Oil & Gas II, LP
508 W. Wall Ave., Site. 500
Midland, TX 79701
Corazon 4 State SWD 2

2. Article Number

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

C. Smith 11/18/09

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

mportant Reminders:

- A unique identifier for your mailpiece.
- A record of delivery kept by the Postal Service for two years
- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

MPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

New Mexico State Land Office
310 Old Santa Fe Trail,
Santa Fe, NM 87501
Corazon 4 State SWD 2

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

A mailing receipt
A unique identifier for your mailpiece
A record of delivery kept by the Postal Service for two years

Important Reminders:

Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.

Certified Mail is *not* available for any class of international mail.

NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.

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IMPORTANT: Save this receipt and present it when making an inquiry.

Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

SENDER: COMPLETE THIS SECT

- 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.

1. Article Addressed to:

Oil Conservation Division
Attn: Paul Kautz
1625 North French-Dr.
Hobbs, NM 88240
Corazon 4 State SWD 2

X ☐ Agent
☐ Addresse

B. Received by *(Printed Name)* C. Date of Deliver

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandis
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 3020 0000 8749 1812

PS Form 3811, July 2013 Domestic Return Receipt

portant Reminders:

Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.

Certified Mail is *not* available for any class of international mail.

NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.

For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.

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5 Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

A unique identifier for your mailpiece
A record of delivery kept by the Postal Service for two years

Affidavit of Publication

STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
November 16, 2014
and ending with the issue dated
November 16, 2014.

Daniel Russell
Publisher

Sworn and subscribed to before me this
16th day of November 2014.

Gussie Black
Business Manager

My commission expires
January 29, 2015
(Seal)

OFFICIAL SEAL
GUSSIE BLACK
Notary Public
State of New Mexico
My Commission Expires 1-29-15

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGALS

LEGAL NOTICE
November 16, 2014

COG Operating LLC, 2208 W. Main Street, Artesia, New Mexico, 88210, has filed Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division seeking administrative approval for a salt water disposal well. The proposed well, the Corazon 4 State SWD No.2 is located 3500' FNL and 2500' FEL, Section 4, Township 21 South, Range 33 East, Lea County, New Mexico. Disposal water will be sourced from area wells producing from the Delaware, Bone Spring and Wolfcamp formations. The disposal water will be injected into the Devonian formation at a depth of 15,200' to 16,900' at a maximum surface pressure of 3040 psi and a maximum rate of 25,000 BWPD. The proposed SWD well is located approximately 25 miles west of Eunice. Any interested party who has an objection to this must give notice in writing to the Oil Conservation Division, 1220 South Saint Francis Street, Santa Fe, New Mexico, 87505, within fifteen (15) days of this notice. Any interested party with questions or comments may contact Brian Collins at COG Operating LLC, 2208 W. Main Street, Artesia, New Mexico 88210, or call 575-748-6940.
#29574

67112034 00147749

BRIAN COLLINS
COG OPERATING LLC
2208 W. MAIN ST.
ARTESIA, NM 88210

C-108 Review Checklist: Received _____ Add. Request: _____ Reply Date: _____ Suspended: _____ [Ver 15]

ORDER TYPE: WFX / PMX / SWD Number: _____ Order Date: _____ Legacy Permits/Orders: _____

Well No. 2 Well Name(s): CORAZON 4 State SWD #2

API : 30-0 Pending Spud Date: _____ New or Old: NEW (UIC Class II Primacy 03/07/1982)

Footages 3500 FNL, 2500 FEL Lot 10 or Unit ___ Sec 4 Tsp 21S Rge 33E County Lea

General Location: 210 SW Monument Pool: SWD; Devonian Pool No.: 96101

BLM 100K Map: Hobbs Operator: COG operating OGRID: 229137 Contact: Brian Collins

COMPLIANCE RULE 5.9: Total Wells: _____ Inactive: _____ Fincl Assur: _____ Compl. Order? _____ **IS 5.9 OK?** ___ **Date:** _____

WELL FILE REVIEWED ◯ Current Status: WA - NO API File

WELL DIAGRAMS: NEW: Proposed ✓ or **RE-ENTER:** Before Conv. ◯ After Conv. ◯ Logs in Imaging: Log description described in application for new well

Planned Rehab Work to Well: _____

Well Construction Details	Sizes (in) Borehole / Pipe	Setting Depths (ft)	Stage Tool	Cement Sx or Cf	Cement Top and Determination Method
Planned __ or Existing __ Surface	26" / 20"	1700		5000	Surface /
Planned __ or Existing __ Interm/Prod	17 ½ / 13 ⅜	5600		7000	Surface
Planned __ or Existing __ Interm/Prod	12 ¼ / 9 ⅝	11600			Surface
Planned __ or Existing __ Prod/Liner					~~11400~~
Planned __ or Existing __ Liner	8 ½ / 7	15200		700	11400
Planned __ or Existing OH / PERF	15200 / 16700		Inj Length 1500		

Injection Lithostratigraphic Units:	Depths (ft)	Injection or Confining Units	Tops
Adjacent Unit: Litho. Struc. Por.			
Confining Unit: Litho. Struc. Por.		Mississippian	
Proposed Inj Interval TOP:		Devonian	15200
Proposed Inj Interval BOTTOM:		Fellenturn	16700
Confining Unit: Litho. Struc. Por.			
Adjacent Unit: Litho. Struc. Por.		PC	

Completion/Operation Details:

Drilled TD 16900 PBTD _____

NEW TD _____ NEW PBTD _____

NEW Open Hole ✓ or NEW Perfs ◯

Tubing Size 4½ in. Inter Coated? _____

Proposed Packer Depth 15150 ft

Min. Packer Depth 15100 (100-ft limit)

Proposed Max. Surface Press. 3040 psi

Admin. Inj. Press. 3040 (0.2 psi per ft)

AOR: Hydrologic and Geologic Information

POTASH: R-111-P Y *Noticed?* ___ **BLM Sec Ord** ◯ **WIPP** ◯ *Noticed?* ___ **Salt/Salado T:** ___ **B:** ___ **NW: Cliff House fm** ___

FRESH WATER: Aquifer Alluvium Max Depth 726 **HYDRO AFFIRM STATEMENT By Qualified Person** ✓

NMOSE Basin: Capitan **CAPITAN REEF:** thru ◯ adj ◯ NA ◯ **No. Wells within 1-Mile Radius?** _____ FW Analysis ◯

Disposal Fluid: Formation Source(s) Delaware & Bone Spring / Wolfcamp Analysis? Y On Lease ◯ Operator Only ✓ or Commercial ◯

Disposal Int: Inject Rate (Avg/Max BWPD): 17,300 / 25000 Protectable Waters? ___ Source: _____ System: Closed ◯ or Open ◯

HC Potential: Producing Interval? NO Formerly Producing? NO Method: Logs/DST/P&A/Other Mudlog 2-Mile Radius Pool Map ◯

AOR Wells: 1/2-M Radius Map? Y Well List? Y Total No. Wells Penetrating Interval: 0 Horizontals? _____

Penetrating Wells: No. Active Wells 0 Num Repairs? — on which well(s)? _____ Diagrams? _____

Penetrating Wells: No. P&A Wells 0 Num Repairs? — on which well(s)? _____ Diagrams? _____

NOTICE: Newspaper Date 11-16-2014 Mineral Owner NMSLO Surface Owner NMSLO N. Date 11-14-2014

RULE 26.7(A): Identified Tracts? Y Affected Persons: Rubicon N. Date 11-14-2014

Order Conditions: Issues: CBL; 9 5/8" / 7" | mudlog | salinity of FW ?

Add Order Cond: mudlog for injection salinity CALCulation, supply picks for Wolfcamp & Devonian