



September 4, 2015

RECEIVED COG

SEP 11 10 31 13

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

RE: Application For Authorization To Inject
King Tut 30 Federal SWD #1
Township 24 South, Range 32 East, N.M.P.M.
Section 30: 1660' FNL & 2450' FWL
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 16841' and Fusselman at 17341'. I'm permitting the injection interval a couple of hundred feet shallower than the prognosis 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.

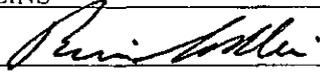
Please do not hesitate to contact me at (575) 748-6940 should you have any questions.

Sincerely,

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance Disposal _____ Storage
Application qualifies for administrative approval? 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 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: _____ 4 Sept 2015 _____
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: _____

C-108 Application for Authorization to Inject
KING TUT 30 FEDERAL SWD No. 1
1660' FNL, 2450' FWL
Unit F, Sec 30, T24S, R32E
Lea County, NM

COG Operating, LLC, proposes to drill the captioned well and make it into an open hole Devonian-Silurian-Ordovician SWD well from approximately 16,600' to 18,400'.

- 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 = 3320 psi
(0.2 psi/ft. x 16600' ft.)
 - 4. Source of injected water will be Delaware Sand, Bone Spring and Wolfcamp produced water. No compatibility problems are expected (we've seen no compatibility issues in other Devonian SWDs that take the same produced water as the proposed SWD well). Analyses of Delaware, Bone Spring and Wolfcamp waters are attached. There are no Devonian-Silurian-Ordovician receiving formation water analyses available in this area.
- VIII. The injection zone is the Devonian-Silurian-Ordovician from 16600' to 18400' which is composed of porous limestone and dolomite. Any underground water sources will be shallower than 748' which is the estimated top of the Rustler Anhydrite.
- IX. The Devonian-Silurian-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 well logs available for the Devonian-Silurian-Ordovician section.
- 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

INJECTION WELL DATA SHEET

OPERATOR: COG Operating, LLC

WELL NAME & NUMBER: King Tut 30 Federal GWD #1

WELL LOCATION: 1660' FNL 2450' FWL F 30 24s 32e
FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 26" Casing Size: 20" @ ± 750'
Cemented with: - sx. or ± 2200 ft³
Top of Cement: Surface Method Determined: Design

Intermediate Casing

Hole Size: 17 1/2" Casing Size: 13 3/8" @ ± 4600'
12 1/4" ± 6400
Cemented with: - sx. or ± 3700 ft³
Top of Cement: Surface Method Determined: Design
± 4100' Design

Production Casing

Hole Size: 8 1/2" Casing Size: 7" liner ± 11500-16600'
Cemented with: - sx. or ± 950 ft³
Top of Cement: Top of liner Method Determined: Design
Total Depth: 18400'

Injection Interval

16600' feet to 18400'

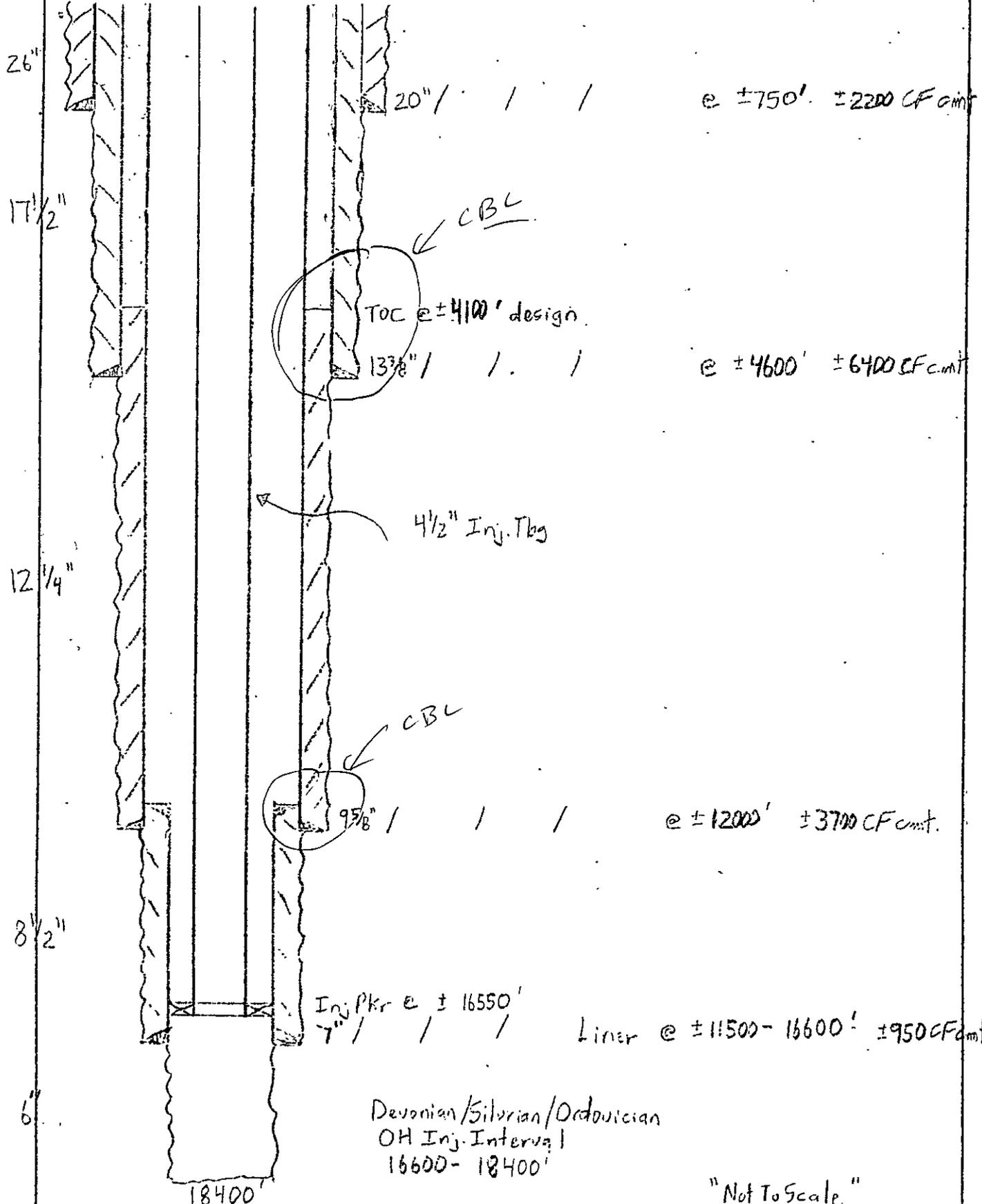
(Perforated or Open Hole indicate which)

See Attached Schematic

30-025-

King Tut 30 Federal SWD #1
1860' FWL, 2450' FWL
F-30-24s-32e
Lea, NM

Zero:
KB:
GL: 3536'



@ ±750' ±2200 CF cmt

@ ±4600' ±6400 CF cmt

@ ±12000' ±3700 CF cmt

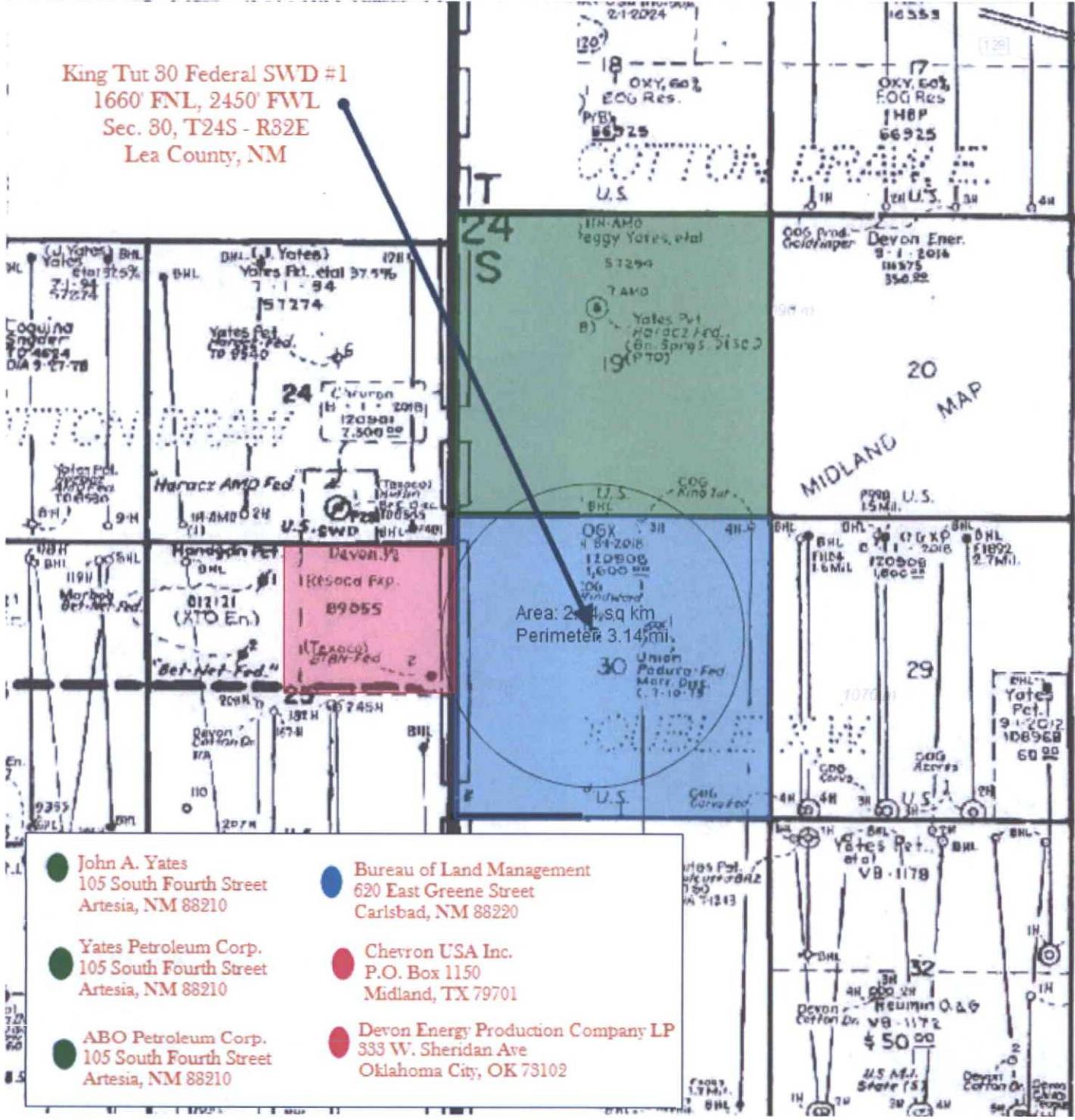
Liner @ ±11500-16600' ±950 CF cmt

"Not To Scale"

V.

MAP

King Tut 30 Federal SWD #1
 1660' FNL, 2450' FWL
 Sec. 30, T24S - R32E
 Lea County, NM



VI.

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

VII.

**Water Analysis
Produced Formation
Water**

**No Water Analysis
Available For
Receiving Formation**

Injected Water Samples

WATER SAMPLES REPRESENTATIVE OF WATER BEING INJECTED INTO THE PROPOSED SWD WELL												
Delaware												
2012103128	Gehrig	Fed #2	William D Polk	2/15/2012	1/10/2012	1.16	4.00	251245.24	6.47		25915.00	3525.76
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)
2012104723	Phantom 18 State	2H	William D Polk	2/29/2012	1/6/2012	1.09	2.23	136209.81	6.52		6156.63	1132.53
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
2011128833	Trail Boss 4	4H	William D Polk	9/30/2011	9/21/2011	1.05	1.31	78745.89	7.10		3143.00	406.00

81017.80	66969.32	1342.77	64.22	35.40	4.51	1492.00	24.27		122.00	0.00		450.00	151300.00	250.00	0.00
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)
20530.54	43509.27	957.44	0.00	28.72	0.00	414.86	1.36		159.00	0.00		850.00	83000.00	140.00	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
10421.23	27950.00	433.00		15.00	2.48	780.00	0.41		366.00	0.00		150.00	45500.00	140.00	0.00

X.

**No Log Available
Across Proposed
Devonian Injection
Interval From Well in
Area**

XI.

**Fresh Water Sample
Analyses**



New Mexico Office of the State Engineer
Active & Inactive Points of Diversion
(with Ownership Information)

No PODs found.

PLSS Search:

Section(s): 24, 25, 36

Township: 24S

Range: 31E



New Mexico Office of the State Engineer
Active & Inactive Points of Diversion
(with Ownership Information)

No PODs found.

PLSS Search:

Section(s): 19, 20, 29, 30, 31, 32
Township: 24S
Range: 32E



September 4, 2015

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

Re: Legal Notice
Salt Water Disposal Well
King Tut 30 Federal SWD #1

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,

A handwritten signature in black ink, appearing to read "Brian Collins".

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 King Tut 30 Federal SWD No. 1, is located 1660' FNL and 2450' FWL, Section 30, Township 24 South, Range 32 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-Silurian-Ordovician formation at a depth of 16,600' to 18,400' at a maximum surface pressure of 3320 psi and a maximum rate of 25,000 BWPD. The proposed SWD well is located approximately 30 miles west of Jal. 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
_____, 2015.



September 4, 2015

Bureau of Land Management
620 East Greene Street
Carlsbad, NM 88220

RE: Application For Authorization To Inject
King Tut 30 Federal SWD #1
Township 24 South, Range 32 East, N.M.P.M.
Section 30: 1660' FNL & 2450' FWL
Lea County, New Mexico

To Whom It May Concern:

Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMMN

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG Operating LLC

3a. Address
2208 W Main Street
Artesia, NM 88210

3b. Phone No. (include area code)
575-748-6940

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1660' FNL & 2450' FWL, Section 30, T24S, R32E, N.M.P.M.

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.
King Tut 30 Federal SWD #1

9. API Well No.

10. Field and Pool or Exploratory Area
Double X, West

11. County or Parish, State
Lea County, New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

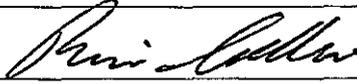
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>SWD Inject request</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Brian Collins

Title Operations Engineering Advisor

Signature 

Date 09/04/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

GENERAL INSTRUCTIONS

This form is designed for submitting proposals to perform certain well operations and reports of such operations when completed as indicated on Federal and Indian lands pursuant to applicable Federal law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local area or regional procedures and practices, are either shown below, will be issued by or may be obtained from the local Federal office.

SPECIFIC INSTRUCTIONS

Item 4 - Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult the local Federal office for specific instructions.

Item 13 - Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by the local Federal office. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to the top of any tubing left in the hole; method of closing top of well and date well site conditioned for final inspection looking for approval of the abandonment.

NOTICES

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is used to: (1) Evaluate, when appropriate, approve applications, and report completion of subsequent well operations, on a Federal or Indian lease; and (2) document for administrative use, information for the management, disposal and use of National Resource lands and resources, such as: (a) evaluating the equipment and procedures to be used during a proposed subsequent well operation and reviewing the completed well operations for compliance with the approved plan; (b) requesting and granting approval to perform those actions covered by 43 CFR 3162.3-2, 3162.3-3, and 3162.3-4; (c) reporting the beginning or resumption of production, as required by 43 CFR 3162.4-1(c) and (d) analyzing future applications to drill or modify operations in light of data obtained and methods used.

ROUTINE USES: Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions in connection with congressional inquiries or to consumer reporting agencies to facilitate collection of debts owed the Government.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this notice and report and disclosure of the information is mandatory for those subsequent well operations specified in 43 CFR 3162.3-2, 3162.3-3, 3162.3-4.

The Paperwork Reduction Act of 1995 requires us to inform you that:

The BLM collects this information to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

Response to this request is mandatory.

The BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT: Public reporting burden for this form is estimated to average 8 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer (WO-630), 1849 C St., N.W., Mail Stop 401 LS, Washington, D.C. 20240



September 4, 2015

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

RE: Application For Authorization To Inject
King Tut 30 Federal SWD #1
Township 24 South, Range 32 East, N.M.P.M.
Section 30: 1660' FNL & 2450' FWL
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 16841' and Fusselman at 17341'. I'm permitting the injection interval a couple of hundred feet shallower than the prognosis 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,

A handwritten signature in black ink, appearing to read "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 4, 2015

Oil Conservation Division
Attn: Paul Kautz
1625 North French Dr.
Hobbs, NM 88240

RE: Application For Authorization To Inject
King Tut 30 Federal SWD #1
Township 24 South, Range 32 East, N.M.P.M.
Section 30: 1660' FNL & 2450' FWL
Lea County, New Mexico

Dear Mr. Kautz:

COG Operating LLC respectfully requests administrative approval for authorization to inject for the referenced well. Attached, for your review, is a copy of the G-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 16841' and the Fusselman at 17341'. I'm permitting the injection interval a couple of hundred feet shallower than the prognosis 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,

A handwritten signature in cursive script, appearing to read "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 4, 2015

John A. Yates
105 South Fourth Street
Artesia, NM 88210

RE: Application For Authorization To Inject
King Tut 30 Federal SWD #1
Township 24 South, Range 32 East, N.M.P.M.
Section 30: 1660' FNL & 2450' FWL
Lea County, New Mexico

To Whom It May Concern:

Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

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

Sincerely,

A handwritten signature in black ink that reads "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 4, 2015

Yates Petroleum Corp.
105 South Fourth Street
Artesia, NM 88210

RE: Application For Authorization To Inject
King Tut 30 Federal SWD #1
Township 24 South, Range 32 East, N.M.P.M.
Section 30: 1660' FNL & 2450' FWL
Lea County, New Mexico

To Whom It May Concern:

Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

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

Sincerely,

A handwritten signature in black ink that reads "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 4, 2015

ABO Petroleum Corp.
105 South Fourth Street
Artesia, NM 88210

RE: Application For Authorization To Inject
King Tut 30 Federal SWD #1
Township 24 South, Range 32 East, N.M.P.M.
Section 30: 1660' FNL & 2450' FWL
Lea County, New Mexico

To Whom It May Concern:

Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

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

Sincerely,

A handwritten signature in black ink that reads "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures



September 4, 2015

Chevron USA Inc.
P.O. Box 1150
Midland, TX 79701

RE: Application For Authorization To Inject
King Tut 30 Federal SWD # 1
Township 24 South, Range 32 East, N.M.P.M.
Section 30: 1660' FNL & 2450' FWL
Lea County, New Mexico

To Whom It May Concern:

Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

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

Sincerely,

A handwritten signature in black ink that reads "Brian Collins".

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



September 4, 2015

Devon Energy Production Company LP
333 W. Sheridan Ave
Oklahoma City, OK 73102

RE: Application For Authorization To Inject
King Tut 30 Federal SWD #1
Township 24 South, Range 32 East, N.M.P.M.
Section 30: 1660' FNL & 2450' FWL
Lea County, New Mexico

To Whom It May Concern:

Enclosed for your review is a copy of COG Operating LLC's C-108 Application to Inject for the above referenced well. We plan to drill this well for SWD service if our C-108 is approved. As a requirement of the New Mexico Oil Conservation Division, we are notifying you because you have been identified as the surface owner or an operator within a half mile radius area of review. Any objections must be submitted in writing to NMOCD, 1220 S. St. Francis Drive, Santa Fe, New Mexico 87505. Objections must be received within fifteen (15) days of receipt of this letter.

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

Sincerely,

A handwritten signature in black ink that reads "Brian Collins".

Brian Collins
Operations Engineering Advisor

BC/sw
Enclosures

Affidavit of Publication

RECEIVED

SEP 11 15

COG
ARTESIA WEST

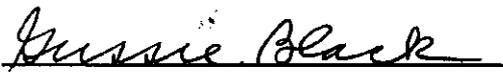
STATE OF NEW MEXICO
COUNTY OF LEA

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).

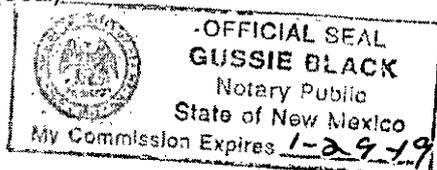
Beginning with the issue dated
September 08, 2015
and ending with the issue dated
September 08, 2015.


Publisher

Sworn and subscribed to before me this
8th day of September 2015.


Business Manager

My commission expires
January 29, 2019
(Seal)



LEGAL NOTICES
September 8, 2015

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 King Tut 30 Federal SWD No. 1, is located 1680' FNL and 2450' FWL, Section 30, Township 24, South Range 32 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-Silurian-Ordovician formation at a depth of 16,600' to 18,400' at a maximum surface pressure of 3320 psi and a maximum rate of 25,000 BWPD. The proposed SWD well is located approximately 30 miles west of Jai. 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 575-748-8940, #30309.

67112034

00162663

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

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



C-108 Review Checklist: Received 9/11/2015 Add. Request: 12/10/2015 Reply Date: _____ Suspended: _____ [Ver 15]

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

Well No. 1 Well Name(s): King Tut

API: 30-0 25-Pending Spud Date: TBM New or Old: N (UIC Class II Primacy 03/07/1982)

Footages 1660 FNL 2450 FNL Lot _____ or Unit F Sec 30 Tsp 24S Rge 32 County LEG

General Location: 27 miles SW JAL Pool: _____ Pool No.: _____

BLM 100K Map: JAL Operator: COG OPERATING, LLC OGRID: 22437 Contact: Brian Collins

COMPLIANCE RULE 5.9: Total Wells: 3520 Inactive: 3 Fincl Assur: Y Compl. Order? N/A IS 5.9 OK? Y Date: 12-10-15

WELL FILE REVIEWED Current Status: Proposed

WELL DIAGRAMS: NEW: Proposed or RE-ENTER: Before Conv. After Conv. Logs in Imaging: N/A

Planned Rehab Work to Well: CBL 7" Liner to Surface

Well Construction Details	Sizes (in) Borehole / Pipe	Setting Depths (ft)	Stage Tool	Cement Sx or Ct	Cement Top and Determination Method
Planned ___ or Existing ___ Surface	<u>26/20"</u>	<u>750</u>		<u>2200</u>	<u>SURFACE/VISUAL</u>
Planned ___ or Existing ___ Interm/Prod	<u>21 1/2/13 1/4</u>	<u>4600</u>		<u>6400</u>	<u>SURFACE/VISUAL</u>
Planned ___ or Existing ___ Interm/Prod	<u>12 1/4/9 5/8</u>	<u>12000</u>		<u>3700</u>	<u>4100</u> <u>SURFACE/VISUAL</u>
Planned ___ or Existing ___ Prod Liner	<u>8 1/2/7"</u>	<u>16550</u>		<u>9500</u>	<u>11500/CBL</u>
Planned ___ or Existing ___ Liner					
Planned ___ or Existing ___ <input checked="" type="radio"/> OH <input type="radio"/> PERF	<u>16600/18400</u>		Inj Length		

Injection Lithostratigraphic Units:	Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details:
Adjacent Unit: Litho. Struc. Por.	<u>[shaded]</u>	<u>DV</u>	<u>16600</u>	Drilled TD <u>18400</u> PBDT _____
Confining Unit: Litho. Struc. Por.				NEW TD _____ NEW PBDT _____
Proposed Inj Interval TOP:	<u>16600</u>			NEW Open Hole <input checked="" type="checkbox"/> or NEW Perfs <input type="checkbox"/>
Proposed Inj Interval BOTTOM:	<u>18400</u>			Tubing Size <u>4 1/2</u> in. Inter Coated? <u>Y</u>
Confining Unit: Litho. Struc. Por.				Proposed Packer Depth <u>16550</u> ft
Adjacent Unit: Litho. Struc. Por.	<u>[shaded]</u>			Min. Packer Depth <u>16550</u> (100-ft limit)
				Proposed Max. Surface Press. <u>3320</u> psi
				Admin. Inj. Press. <u>3320</u> (0.2 psi per ft)

AOR: Hydrologic and Geologic Information

POTASH: R-111-P N/A Noticed? _____ BLM Sec Ord WIPP Noticed? _____ Salt/Salado T: _____ B: _____ NW: Cliff House fm _____

FRESH WATER: Aquifer N/A Max Depth _____ HYDRO AFFIRM STATEMENT By Qualified Person

NMOSE Basin: CANLSBAD CAPITAN REEF: thru adj NA No. Wells within 1-Mile Radius? 0 FW Analysis N/A

Disposal Fluid: Formation Source(s) Bone Spring Wulfcamp Analysis? Y On Lease Operator Only or Commercial

Disposal Int: Inject Rate (Avg/Max BWPD): 173K/25K Protectable Waters? _____ Source: _____ System: Closed or Open

HC Potential: Producing Interval? N/A Formerly Producing? _____ Method: Logs/DST/P&A/Other _____ 2-Mile Radius Pool Map

AOR Wells: 1/2-M Radius Map? Y Well List? _____ 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 Sept 9, 2015 Mineral Owner BLM Surface Owner BLM N. Date _____

RULE 26.7(A): Identified Tracts? _____ Affected Persons: YATES, ABO, PUON N. Date _____

Order Conditions: Issues: _____

Add Order Cond: _____



New Mexico Office of the State Engineer

Water Column/Average Depth to Water

No records found.

PLSS Search:

Section(s): 29-32

Township: 24S

Range: 32E

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

12/10/15 8:47 AM

Page 1 of 1

WATER COLUMN/ AVERAGE
DEPTH TO WATER



New Mexico Office of the State Engineer
Water Column/Average Depth to Water

No records found.

PLSS Search:

Section(s): 25, 36

Township: 24S

Range: 31E

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

12/10/15 8:48 AM

Page 1 of 1

WATER COLUMN/ AVERAGE
DEPTH TO WATER



New Mexico Office of the State Engineer
Water Column/Average Depth to Water

No records found.

PLSS Search:

Section(s): 19-20

Township: 24S

Range: 32E

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

12/10/15 8:48 AM

Page 1 of 1

WATER COLUMN/ AVERAGE
DEPTH TO WATER

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, on the front if space permits.

Article Addressed to:

*Yates Petroleum Corp.
105 South Fourth Street
Artesia, NM 88210
King Tut 30 Federal SWD #1*

Article Number:
(Transfer from service label)

Postmark: 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent Addressee

B. Received by (Printed Name)
N. Anderson

C. Date of Delivery
9/11/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

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, on the front if space permits.

Article Addressed to:

*John A. Yates
105 South Fourth Street
Artesia, NM 88210
King Tut 30 Federal SWD #1*

Article Number:
(Transfer from service label)

Postmark: 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent Addressee

B. Received by (Printed Name)
N. Anderson

C. Date of Delivery
9/11/13

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

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

4. Restricted Delivery? (Extra Fee) Yes

7013 3020 0000 8749 4837

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 Oil Conservation Division
 Attn: Phillip Goetze
 1220 South St. Francis Drive
 Santa Fe, NM 87505
 King Tut 30 Federal SWD #1*

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 4851

PS Form 3811, July 2013

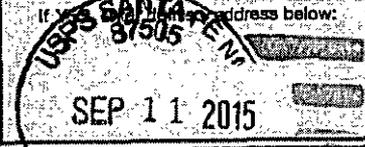
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kraybel* 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 Mail Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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:

*ABO Petroleum Corp.
 105 South Fourth Street
 Artesia, NM 88210
 King Tut 30 Federal SWD #1*

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 4813

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Anderson* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Anderson *9/11/15*

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 Mail Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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:

*Oil Conservation Division
 Attn: Paul Kautz
 1625 North French Dr.
 Hobbs, NM 88240
 King Tut 30 Federal SWD #1*

2. Article Number
(Transfer from service label)

7013 3020 0000 8749 4868

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] *9-11-15*

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 Mail Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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 X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Chevron U.S.A Inc. 15 Smith R.d Houston, TX 79705 <small>King Tut 30 Federal SWD #1</small>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <small>(Transfer from service label)</small>	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		
7013 3020 0000 8749 3700		

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 X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
USA - Bureau of Land Management 620 East Greene Street Carlsbad, NM 88220 <small>King Tut 30 Federal SWD #1</small>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <small>(Transfer from service label)</small>	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		
7013 3020 0000 8749 4844		

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 X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Devon Energy Production Company LP 333 W. Sheridan Ave Oklahoma City, OK 73102 <small>King Tut 30 Federal SWD #1</small>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <small>(Transfer from service label)</small>	3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		
7013 3020 0000 8749 4790		