

RECEIVED: 8/07/2018 ✓	REVIEWER: <i>[Signature]</i>	TYPE: SWD	APP NO: DMAm1821459783
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

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



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Applicant: COG Operating, LLC OGRID Number: 229137
 Well Name: Salt Cedar 16 State SWD 1 API: N/A
 Pool: - Pool Code: -

SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED BELOW

AUG 07 2018 PM 03:28

- 1) **TYPE OF APPLICATION:** Check those which apply for [A]
- A. Location – Spacing Unit – Simultaneous Dedication
 NSL NSP (PROJECT AREA) NSP (PRORATION UNIT) SD
- B. Check one only for [I] or [II]
- [I] Commingling – Storage – Measurement
 DHC CTB PLC PC OLS OLM
- [II] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR

- 2) **NOTIFICATION REQUIRED TO:** Check those which apply.
- A. Offset operators or lease holders
 B. Royalty, overriding royalty owners, revenue owners
 C. Application requires published notice
 D. Notification and/or concurrent approval by SLO
 E. Notification and/or concurrent approval by BLM
 F. Surface owner
 G. For all of the above, proof of notification or publication is attached, and/or,
 H. No notice required

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

3) **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Brian Collins

 Print or Type Name

[Signature]

 Signature

31 July 2018

 Date

575-748-6940

 Phone Number

bcollins@concho.com

 e-mail Address

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: One Concho Center, 600 W. Illinois Ave., Midland, TX 79701

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).

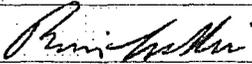
*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

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: Facilities Engineering Advisor

SIGNATURE:  DATE: 31 July 2018

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: _____

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

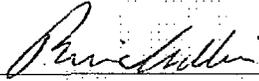
C-108 Application for Authorization to Inject
Salt Cedar 16 State SWD 1
1850' FNL, 2185' FEL
Unit G, Section 16, T26S, R28E
Eddy County, NM

COG Operating, LLC, proposes to drill the captioned well to 16,000' for salt water disposal service into the Devonian/Silurian from approximately 14,490' to 16,000'. A drilling permit will be submitted upon approval of this C-108.

Should this well undergo a mechanical integrity issue while in service in the future, it will be taken out of service immediately per UIC rules and repaired as quickly as possible. The water going to this well will be diverted to other SWD wells via pipeline if applicable; otherwise it will be trucked to other SWD wells. If necessary, producing wells serviced by this SWD well will be curtailed and/or shut-in until this well is repaired.

- V. Map is attached.
- VI. One well within the 1 mile radius area of review penetrates the proposed injection zone. The SRO 102 SWD will be plugged prior to drilling the Salt Cedar 16 State SWD 1 which is a replacement well located on the same pad as the SRO 102 SWD. We are drilling the replacement well on the same pad in order to utilize the existing surface facilities and water gathering system tie-ins. Current well schematic for the SRO 102 SWD is attached.
- VII.
 1. Proposed average daily injection rate = 25,000 BWPD
Proposed maximum daily injection rate = 40,000 BWPD
 2. Closed system
 3. Proposed maximum injection pressure = 2898 psi
(0.2 psi/ft. x 14,490' ft.)
 4. Source of injected water will be Delaware, Bone Spring and Wolfcamp produced water. No compatibility problems are expected. Analyses of Delaware, Bone Spring and Wolfcamp waters from analogous source wells are attached. An appropriate chemical treatment program will be put in place should scale formation become apparent.
- VIII. The injection zone is the Devonian/Silurian, a mixture of non-hydrocarbon bearing limestone and dolomite from 14,490' to 16,000'. Any underground water sources will be shallower than 500', the estimated top of the Rustler Anhydrite. The estimated top of the Devonian is 14,490'.
- IX. The Devonian/Silurian injection interval will be acidized with approximately 40,000 gals of 20 % HCl acid.
- X. Well logs will be filed with the Division. Porosity log sections across the Devonian/Silurian are attached for the SRO 102 SWD (G-16-26s-28e) and Willow 17 State SWD 1 (P-17-25s-28e).
- 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.



, Facilities Engineering Advisor,

31 July 2018

Seismicity potential statement is attached.

XIII. Proof of Notice is attached.

COG Operating LLC
Salt Cedar 16 State SWD #1
C-108 Attachment
July 30, 2018

Statement Regarding Seismicity and Disposal Well Location.

The Salt Cedar 16 State SWD #1 is a replacement well for the SRO SWD #102 which has injected over 14,000,000 BW since commencing injection in August 2010.

COG Operating LLC interpreted faults based on licensed 3D seismic data in the area around our proposed SWD. Our investigation of the deep formations does not indicate any faults or structures that would increase the chances of induced seismicity. Our map includes a Precambrian fault documented by Ruppel, et al. (2005), which is located approximately 1.4 miles northeast of our proposed SWD.

A recent paper by Snee and Zoback titled, "State of Stress in the Permian Basin, Texas and New Mexico: Implications for induced seismicity", was published in the February 2018 edition of The Leading Edge. The authors evaluated the strike-slip probability of known Permian Basin faults. The study predicts that the Precambrian fault located in the vicinity of the proposed SWD has a less than 10% probability of being critically stressed as to create an induced seismicity event. The primary reason for the low probability is the relationship of the strike of the fault to the regional maximum stress orientation (N 35 degrees E).

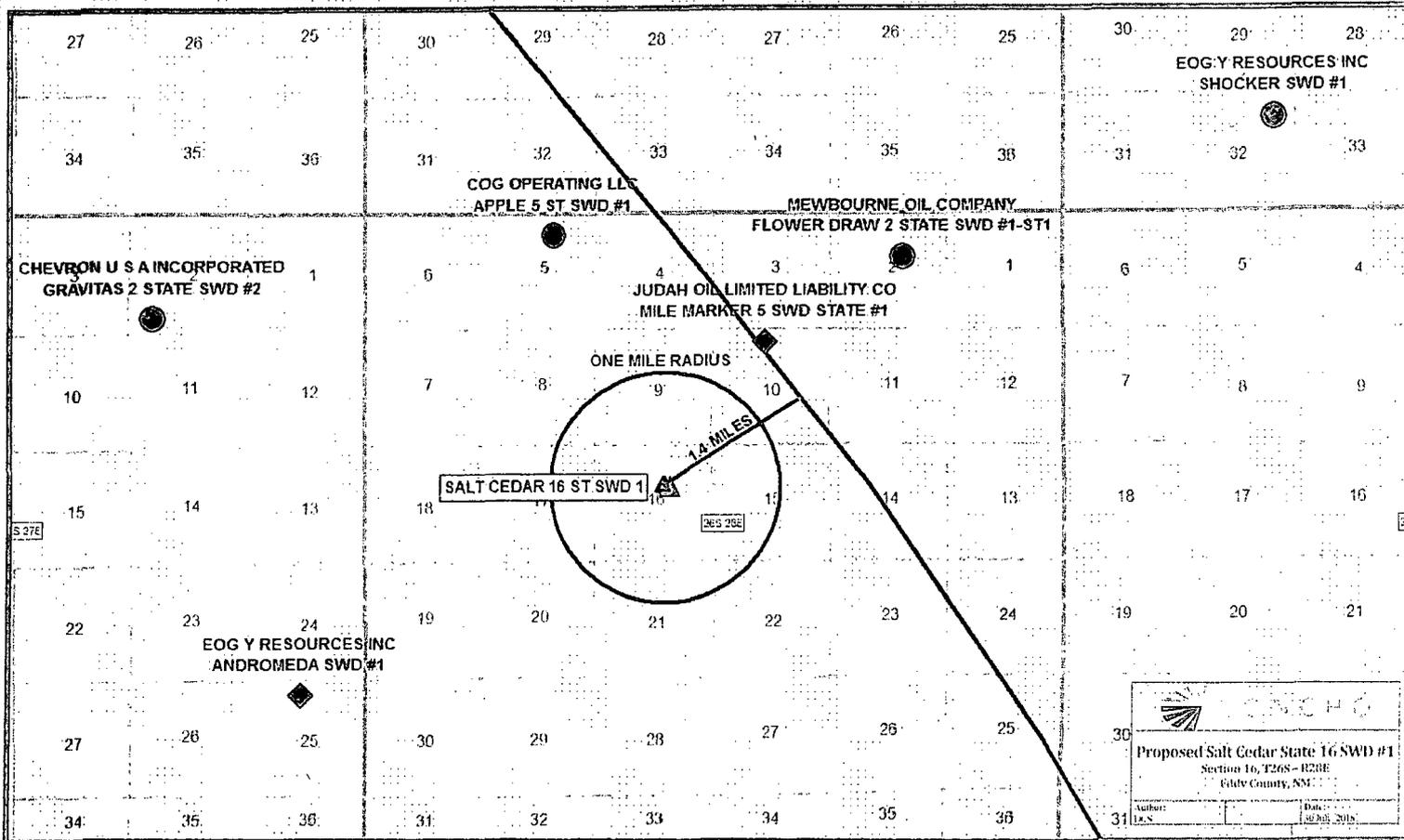
As previously mentioned the Salt Cedar 16 State SWD #1 is a replacement well for the SRO SWD #102, otherwise there are no active, permitted or pending Devonian SWD applications within the one mile radius.

Regards,

Dean C. Snidow

Geoscience Supervisor
COG Operating LLC
dsnidow@concho.com
432-686-3079

Salt Cedar 16 State SWD #1 Local Map

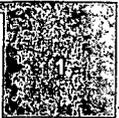


Legend

Devonian SWD Status

- SWD
- PLUGGED
- SHUT-IN
- APD PENDING
- LOC
- TA

Fault Line (Ruppel et al. 2005)



III.

WELL DATA

INJECTION WELL DATA SHEET

Operator: COG Operating, LLC
Well Name & Number: Salt Cedar 16 State SWD 1
Well Location: 1850' FNL, 2185' FEL, Unit G, Section 16, T26S, R28E

Wellbore Schematic: See attached schematic

Surface Casing:

Hole Size: 26"
Casing Size: 20" @ 500'
Cemented with: 1500 cubic feet
Top of Cement: Surface by design

Intermediate Casing:

Hole Size: 18.5"
Casing Size: 16" @ 2500'
Cemented with: 2350 cubic feet
Top of Cement: Surface by design

Intermediate Casing:

Hole Size: 14.75"
Casing Size: 10-3/4" @ 9500'
Cemented with: 7800 cubic feet
Top of Cement: Surface by design

Production Casing:

Hole Size: 9.5"
Casing Size: 7-5/8" liner @ 9300-14490'
Cemented with: 1200 cubic feet
Top of Cement: Top of liner by design

Injection Interval:

14490' to 16000' (6-1/2" open hole)

Injection Tubing/Packer:

Tubing Size: 5-1/2" 0-9200' inside 10-3/4" casing, 5" 9200-14400' inside 7-5/8" casing
Lining Material: Internally plastic coated or internally fiberglass lined
Type of Packer: Nickel plated 10K double grip retrievable or permanent packer
Packer Setting Depth: 14440'
Other Type of Tubing/Casing Seal: Not Applicable

Additional Data:

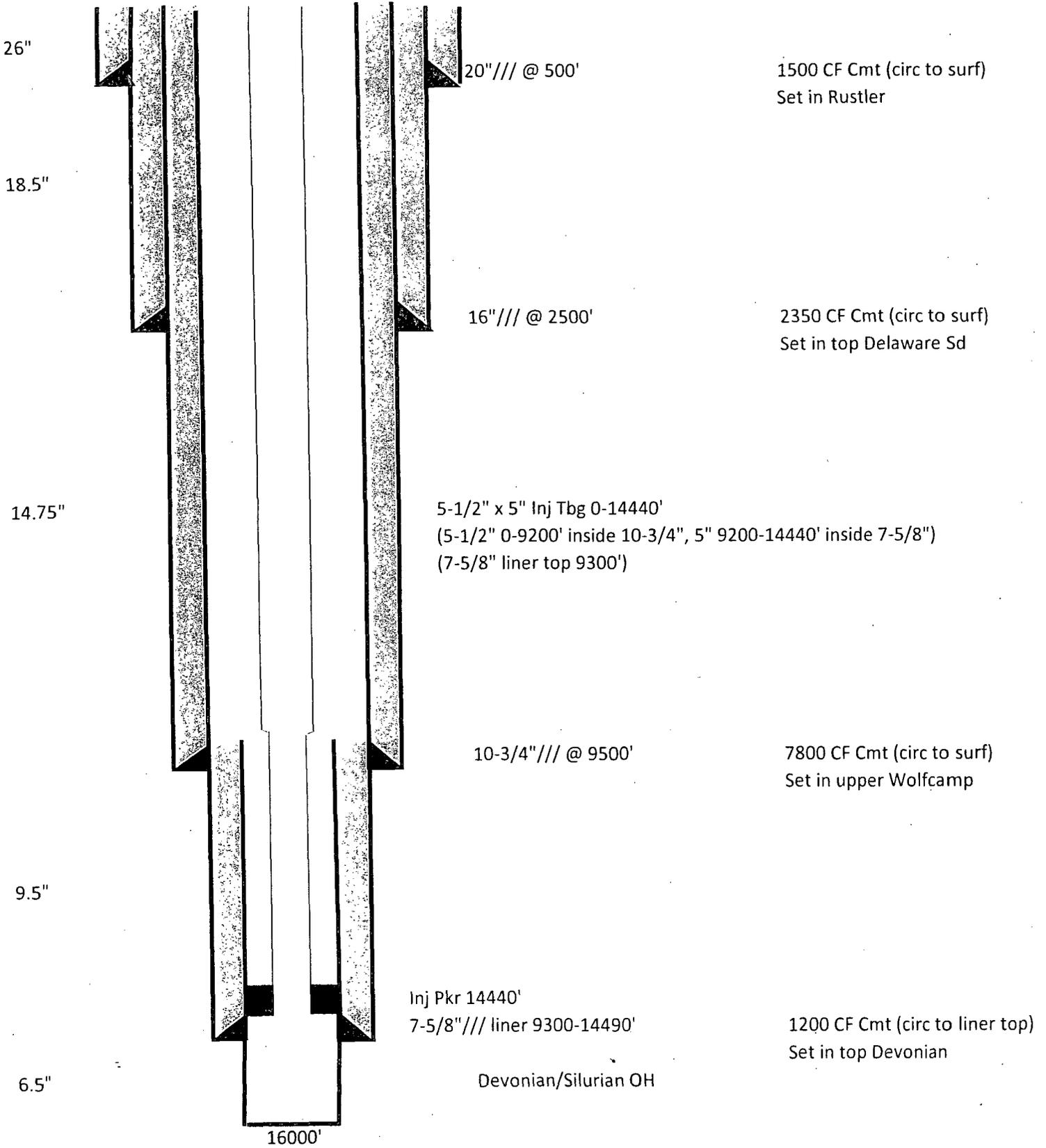
1. Is this a new well drilled for injection? Yes
If no, for what purpose was well originally drilled? N/A
2. Name of Injection Formation: Devonian/Silurian
3. Name of Field or Pool (if applicable): SWD: Devonian
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals 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: Possible Delaware Sand 2500-6000', Bone Spring 6250-9200', Wolfcamp 9200-11000', possible Strawn 11850'+, possible Atoka 12100'+, possible Morrow 12500'+

Underlying: None

Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
G-16-26s-28e
Eddy, NM
30-015-xxxxx

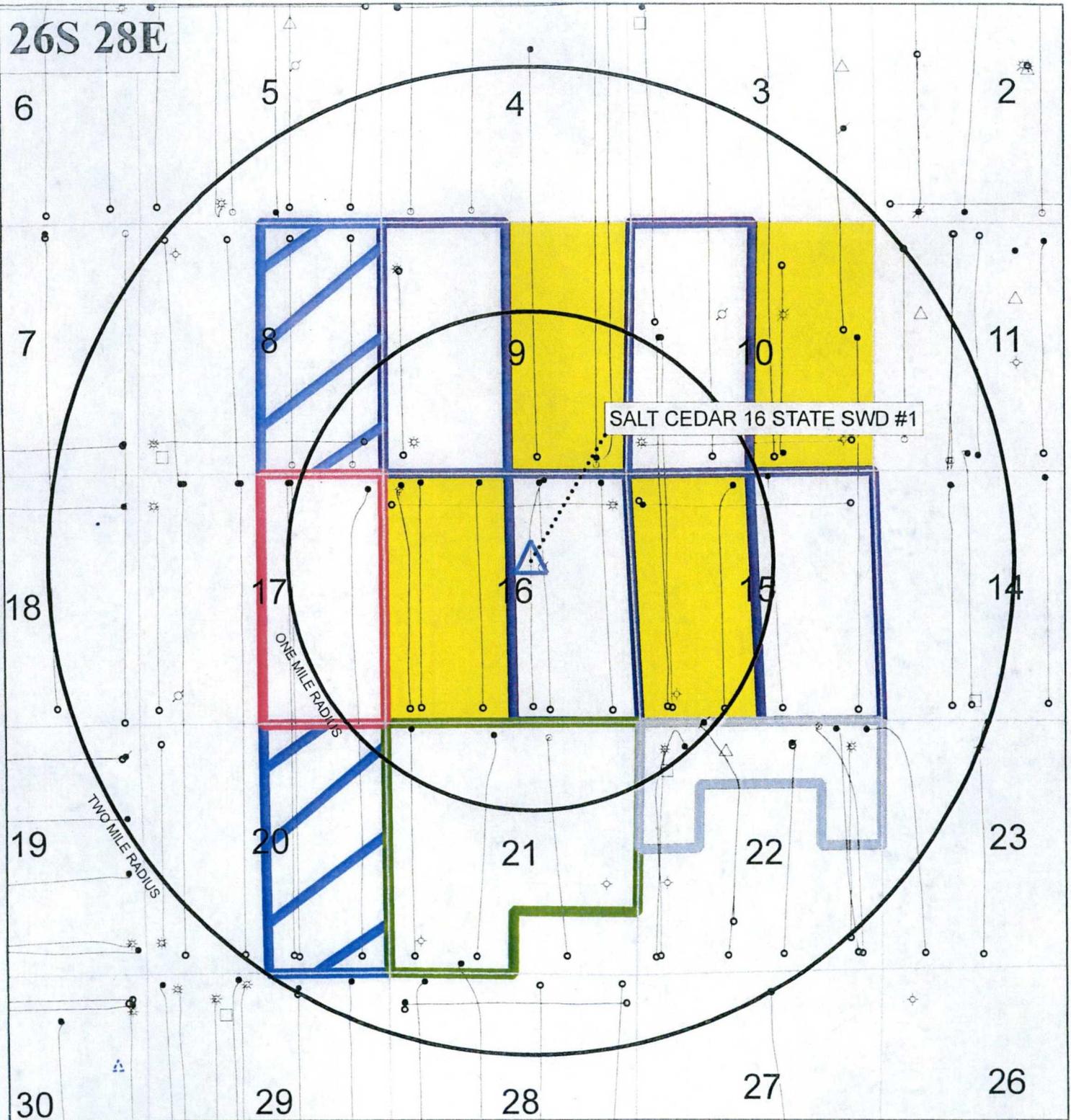
Zero:
KB elev:
GL elev:



V.

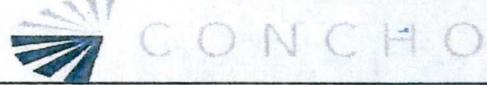
MAP

26S 28E



- The Allar Co & COG Operating, LLC
- EOG Resources Inc., EOG-Y, EOG-A
EOG-M, OXY Y-1 & COG Operating, LLC
- COG Operating, LLC
- COG Operating, LLC & Chevron USA Inc.
- Mewbourne Oil Company
- COG Operating, LLC & Oxy USA, INC.

Surface: NM State Land Office



Project: NDB
NORTHERN DELAWARE BASIN TEAM
SALT CEDAR 16 STATE SWD #1
 1850 FNL 2185 FEL
 Sec. 16, T26S, R28E
 Eddy Co., New Mexico

Author: T Rodriguez	Date: 24 July, 2018
File Path: G:\30 Northern_Delaware_Basin\TGR NDB A01\TGR SALT CEDAR SWD ONE MILE M.P.mxd	

C-108 Application for Authorization to Inject
Salt Cedar 16 State SWD 1
1850' FNL, 2185' FEL
Unit G, Section 16, T26S, R28E
Eddy County, NM

List of Affected Persons Within 1 Mile Radius Area of Review

Surface Owner:

New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe, NM 87501

Affected Persons:

The Allar Company
735 Elm Street
Graham, TX 76450

Chevron USA, Inc.
1400 Smith St.
Houston, TX 77002

EOG Resources, Inc.
509 Champions Drive
Midland, TX 79706

EOG Y Resources
104 South Fourth Street
Artesia, NM 88210

EOG A Resources
104 South Fourth Street
Artesia, NM 88210

EOG M Resources
104 South Fourth Street
Artesia, NM 88210

Mewbourne Oil Company
500 W. Texas Ave., Suite 1020
Midland, TX 79701

OXY Y-1
5 Greenway Plaza
Houston, TX 77046

OXY USA, Inc.
5 Greenway Plaza
Houston, TX 77046

COG Operating, LLC
One Concho Center
600 W Illinois Ave.
Midland, TX 79701

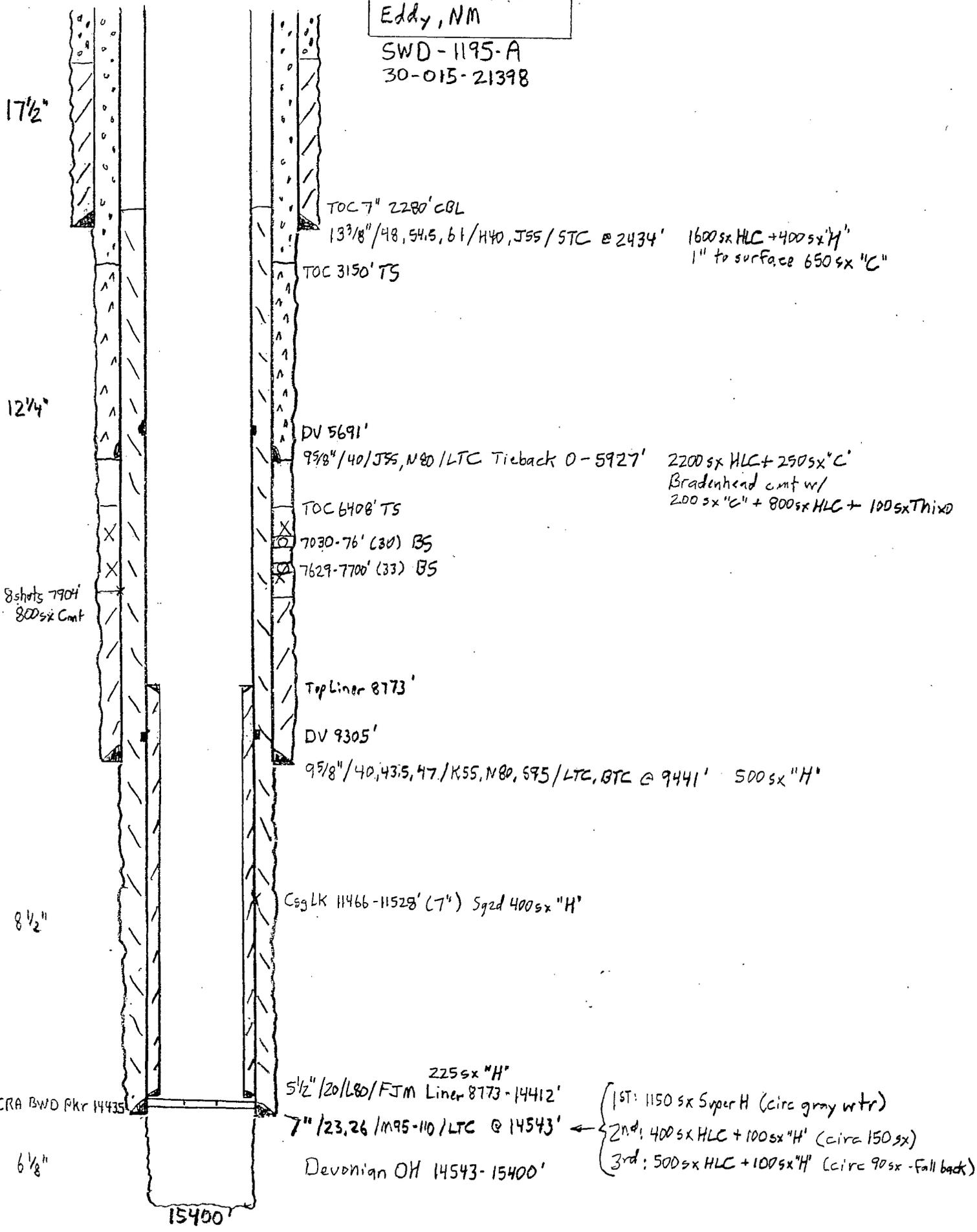
VI.

**One Well Penetrates
Proposed Disposal
Interval Within Half
Mile Area of Review**

5RO 102 SWD
 1980' FNL, 1980' FEL
 G-16-26s-28e
 Eddy, NM

GL: 3024'

SWD-1195-A
 30-015-21398



TOC 7" 2280' CBL

13 3/8" / 48, 54.5, 61 / H40, J55 / STC @ 2434'

1600sx HLC + 400sx "H"
 1" to surface 650sx "C"

TOC 3150' TS

DV 5691'

9 5/8" / 40 / J55, N80 / LTC Tieback 0-5927'

2200sx HLC + 250sx "C"
 Bradenhead cement w/
 200sx "C" + 800sx HLC + 100sx Third

TOC 6408' TS

7030-76' (30) BS

7629-7700' (33) BS

8 shots 7904'
 800sx Cmt

Top Liner 8773'

DV 9305'

9 5/8" / 40, 43.5, 47 / K55, N80, 595 / LTC, BTC @ 9441' 500sx "H"

Csg LK 11466-11528' (7") Sg2d 400sx "H"

5 1/2" / 20 / L80 / FJM Liner 8773-14412' 225sx "H"

7" / 23.26 / M95-110 / LTC @ 14543'

Devonian OH 14543-15400'

- 1st: 1150sx Super H (circ gray wtr)
- 2nd: 400sx HLC + 100sx "H" (circ 150sx)
- 3rd: 500sx HLC + 100sx "H" (circ 90sx - Fall back)

CRA BWD Pkr 14435'

15400'

VII.

Water Analysis Produced and Receiving Formation Water



Permian Basin Area Laboratory
2101 Market Street,
Midland, Texas 79703

Delaware Sand

Upstream Chemicals

REPORT DATE: 5/11/2018

COMPLETE WATER ANALYSIS REPORT SSP v.2010

CUSTOMER: COG OPERATING LLC
DISTRICT: NEW MEXICO
AREA/LEASE: SRO
SAMPLE POINT NAME: SRO STATE UNIT 46H
SITE TYPE: WELL SITES
SAMPLE POINT DESCRIPTION: NOT PROVIDED

ACCOUNT REP: KENNETH MORGAN
SAMPLE ID: 201401621646
SAMPLE DATE: 10/8/2014
ANALYSIS DATE: 10/21/2014
ANALYST: SAMUEL NEWMAN

COG OPERATING LLC, SRO, SRO STATE UNIT 46H

FIELD DATA		ANALYSIS OF SAMPLE							
Initial Temperature (°F):		ANIONS:		mg/L	meq/L	CATIONS:		mg/L	meq/L
Final Temperature (°F):		250 Chloride (Cl ⁻):	168788.9	4761.3 Sodium (Na ⁺):	74214.2	3229.5			
Initial Pressure (psi):		80 Sulfate (SO ₄ ²⁻):	0.0	0.0 Potassium (K ⁺):	1329.1	34.0			
Final Pressure (psi):		100 Borate (H ₂ BO ₃):	84.4	1.4 Magnesium (Mg ²⁺):	3949.5	325.1			
pH:		15 Fluoride (F ⁻):	ND	Calcium (Ca ²⁺):	19033.5	949.8			
pH at time of sampling:		Bromide (Br ⁻):	ND	Strontium (Sr ²⁺):	1511.5	34.5			
		Nitrite (NO ₂ ⁻):	ND	Barium (Ba ²⁺):	58.0	0.8			
		6.5 Nitrate (NO ₃ ⁻):	ND	Iron (Fe ²⁺):	72.0	2.6			
		Phosphate (PO ₄ ³⁻):	ND	Manganese (Mn ²⁺):	4.3	0.2			
		Silica (SiO ₂):	ND	Lead (Pb ²⁺):	ND	ND			
				Zinc (Zn ²⁺):	0.0	0.0			
ALKALINITY BY TITRATION:	mg/L	ORGANIC ACIDS:		mg/L	meq/L	Aluminum (Al ³⁺):	ND		
Bicarbonate (HCO ₃ ⁻):	146.4	370.0 Formic Acid:	ND	Molybdenum (Mo ²⁺):	ND	Chromium (Cr ³⁺):	ND		
Carbonate (CO ₃ ²⁻):	ND	0.0 Acetic Acid:	ND	Nickel (Ni ²⁺):	ND	Cobalt (Co ²⁺):	ND		
Hydroxide (OH ⁻):	ND	ND Propionic Acid:	ND	Tin (Sn ²⁺):	ND	Copper (Cu ²⁺):	ND		
aqueous CO ₂ (ppm):		Butyric Acid:	ND	Titanium (Ti ²⁺):	ND				
aqueous H ₂ S (ppm):		269107 Valeric Acid:	ND	Vanadium (V ²⁺):	ND				
aqueous O ₂ (ppb):				Zirconium (Zr ²⁺):	ND				
Calculated TDS (mg/L):				Lithium (Li):	ND				
Density/Specific Gravity (g/cm ³):	1.1715			Total Hardness:	65621	N/A			
Measured Specific Gravity	1.1840								
Conductivity (mmhos):	ND								
Resistivity:	ND								
MCF/D:	No Data								
BOPD:	No Data								
BWPD:	No Data								
		ANION/CATION RATIO:		1.04		ND = Not Determined			

SCALE PREDICTIONS BASED ON FIELD PROVIDED DATA; FURTHER MODELING MAY BE REQUIRED FOR VALIDATION OF SCALE PREDICTION RESULTS

Conditions		Barite (BaSO ₄)		Calcite (CaCO ₃)		Gypsum (CaSO ₄ ·2H ₂ O)		Anhydrite (CaSO ₄)	
Temp	Press.	Index	Amt (ptb)	Index	Amt (ptb)	Index	Amt (ptb)	Index	Amt (ptb)
80°F	15 psi		0.000	1.87	35.513		0.000		0.000
99°F	24 psi		0.000	1.91	35.745		0.000		0.000
118°F	34 psi		0.000	1.95	37.065		0.000		0.000
137°F	43 psi		0.000	2.00	37.373		0.000		0.000
156°F	53 psi		0.000	2.04	37.649		0.000		0.000
174°F	62 psi		0.000	2.08	37.891		0.000		0.000
193°F	72 psi		0.000	2.11	38.100		0.000		0.000
212°F	81 psi		0.000	2.14	38.307		0.000		0.000
231°F	91 psi		0.000	2.17	38.507		0.000		0.000
250°F	100 psi		0.000	2.19	38.679		0.000		0.000

Conditions		Celestite (SrSO ₄)		Halite (NaCl)		Iron Sulfide (FeS)		Iron Carbonate (FeCO ₃)	
Temp	Press.	Index	Amt (ptb)	Index	Amt (ptb)	Index	Amt (ptb)	Index	Amt (ptb)
80°F	15 psi		0.000	-0.33	0.000	-7.87	0.000	1.02	25.622
99°F	24 psi		0.000	-0.35	0.000	-7.98	0.000	1.12	27.471
118°F	34 psi		0.000	-0.36	0.000	-8.05	0.000	1.22	29.120
137°F	43 psi		0.000	-0.38	0.000	-8.09	0.000	1.30	30.467
156°F	53 psi		0.000	-0.40	0.000	-8.13	0.000	1.37	31.543
174°F	62 psi		0.000	-0.41	0.000	-8.16	0.000	1.42	32.317
193°F	72 psi		0.000	-0.43	0.000	-8.19	0.000	1.45	32.843
212°F	81 psi		0.000	-0.44	0.000	-8.21	0.000	1.47	33.226
231°F	91 psi		0.000	-0.45	0.000	-8.22	0.000	1.47	33.457
250°F	100 psi		0.000	-0.47	0.000	-8.23	0.000	1.46	33.494

Note 1: When assessing the severity of the scale problem, both the saturation index (SI) and amount of scale must be considered.

Note 2: Precipitation of each scale is considered separately. Total scale will be less than the sum of the amounts of the eight (8) scales.

Note 3: Saturation Index predictions on this sheet use pH and alkalinity. %CO₂ is not included in the calculations.



Comments:



Permian Basin Area Laboratory
2101 Market Street,
Midland, Texas 79703

Dome Spring

Upstream Chemicals

REPORT DATE: 5/23/2018

COMPLETE WATER ANALYSIS REPORT SSP v.2010

CUSTOMER:	COG OPERATING LLC	ACCOUNT REP:	KENNETH MORGAN
DISTRICT:	NEW MEXICO	SAMPLE ID:	201801031089
AREA/LEASE:	SRO	SAMPLE DATE:	5/15/2018
SAMPLE POINT NAME:	SRO STATE 53H	ANALYSIS DATE:	5/23/2018
SITE TYPE:	WELL SITES	ANALYST:	DIG
SAMPLE POINT DESCRIPTION:	WELL HEAD		

COG OPERATING LLC, SRO, SRO STATE 53H

FIELD DATA		ANALYSIS OF SAMPLE					
		ANIONS:		CATIONS:			
	mg/L	meq/L	mg/L	meq/L			
Initial Temperature (°F):	250	Chloride (Cl ⁻):	120345.5	3394.8	Sodium (Na ⁺):	59941.8	2608.4
Final Temperature (°F):	80	Sulfate (SO ₄ ²⁻):	545.2	11.4	Potassium (K ⁺):	1005.0	25.7
Initial Pressure (psi):	100	Borate (H ₂ BO ₃):	168.1	2.7	Magnesium (Mg ²⁺):	1248.4	102.7
Final Pressure (psi):	15	Fluoride (F ⁻):	ND		Calcium (Ca ²⁺):	9550.0	476.5
		Bromide (Br ⁻):	ND		Strontium (Sr ²⁺):	810.2	18.5
		Nitrite (NO ₂ ⁻):	ND		Barium (Ba ²⁺):	2.4	0.0
pH:		Nitrate (NO ₃ ⁻):	ND		Iron (Fe ²⁺):	90.9	3.3
pH at time of sampling:	6.0	Phosphata (PO ₄ ³⁻):	ND		Manganese (Mn ²⁺):	1.9	0.1
		Silica (SiO ₂):	ND		Lead (Pb ²⁺):	0.0	0.0
					Zinc (Zn ²⁺):	0.0	0.0
ALKALINITY BY TITRATION:							
	mg/L		meq/L				
Bicarbonate (HCO ₃ ⁻):	280.6		4.6		Aluminum (Al ³⁺):	0.0	0.0
Carbonate (CO ₃ ²⁻):	ND				Chromium (Cr ³⁺):	ND	
Hydroxida (OH ⁻):	ND				Cobalt (Co ²⁺):	ND	
		ORGANIC ACIDS:		mg/L	meq/L		
aqueous CO ₂ (ppm):	280.0	Formic Acid:	ND		Copper (Cu ²⁺):	0.0	0.0
aqueous H ₂ S (ppm):	0.0	Acetic Acid:	ND		Molybdenum (Mo ²⁺):	0.0	0.0
aqueous O ₂ (ppb):	ND	Propionic Acid:	ND		Nickel (Ni ²⁺):	ND	
		Butyric Acid:	ND		Tin (Sn ²⁺):	ND	
		Valeric Acid:	ND		Titanium (Ti ²⁺):	ND	
Calculated TDS (mg/L):	193322				Vanadium (V ²⁺):	ND	
Density/Specific Gravity (g/cm ³):	1.1225				Zirconium (Zr ²⁺):	ND	
Measured Specific Gravity:	1.1309				Lithium (Li):	ND	
Conductivity (mmhos):	ND						
Resistivity:	ND				Total Hardness:	29944	N/A
MCF/D:	No Data						
BOPD:	No Data						
BWPD:	No Data	Anion/Cation Ratio:	1.06				

SCALE PREDICTIONS BASED ON FIELD PROVIDED DATA; FURTHER MODELING MAY BE REQUIRED FOR VALIDATION OF SCALE PREDICTION RESULTS.

Conditions		Barite (BaSO ₄)		Calcite (CaCO ₃)		Gypsum (CaSO ₄ ·2H ₂ O)		Anhydrite (CaSO ₄)	
Temp	Press.	Index	Amt (ptb)	Index	Amt (ptb)	Index	Amt (ptb)	Index	Amt (ptb)
80°F	15 psi	0.60	1.089	0.95	52.409	-0.31	0.000	-0.44	0.000
99°F	24 psi	0.48	0.970	1.01	54.069	-0.30	0.000	-0.35	0.000
118°F	34 psi	0.36	0.820	1.09	55.295	-0.29	0.000	-0.25	0.000
137°F	43 psi	0.25	0.640	1.17	58.434	-0.29	0.000	-0.17	0.000
156°F	53 psi	0.15	0.429	1.25	60.380	-0.29	0.000	-0.06	0.000
174°F	62 psi	0.06	0.198	1.32	62.107	-0.29	0.000	0.02	10.489
193°F	72 psi	-0.02	0.000	1.40	63.638	-0.30	0.000	0.11	61.505
212°F	81 psi	-0.10	0.000	1.45	65.212	-0.30	0.000	0.21	103.001
231°F	91 psi	-0.17	0.000	1.51	66.596	-0.30	0.000	0.31	136.272
250°F	100 psi	-0.24	0.000	1.64	67.828	-0.31	0.000	0.41	162.593

Conditions		Celestite (SrSO ₄)		Halite (NaCl)		Iron Sulfide (FeS)		Iron Carbonate (FeCO ₃)	
Temp	Press.	Index	Amt (ptb)	Index	Amt (ptb)	Index	Amt (ptb)	Index	Amt (ptb)
80°F	15 psi	0.38	158.632	-0.79	0.000	-8.75	0.000	0.54	25.996
99°F	24 psi	0.39	161.660	-0.80	0.000	-8.81	0.000	0.65	31.223
118°F	34 psi	0.40	163.138	-0.81	0.000	-8.82	0.000	0.77	35.516
137°F	43 psi	0.40	164.084	-0.82	0.000	-8.81	0.000	0.89	39.144
156°F	53 psi	0.40	165.198	-0.83	0.000	-8.79	0.000	0.99	42.047
174°F	62 psi	0.41	166.514	-0.84	0.000	-8.75	0.000	1.07	44.306
193°F	72 psi	0.42	169.446	-0.85	0.000	-8.74	0.000	1.14	46.041
212°F	81 psi	0.43	172.815	-0.85	0.000	-8.70	0.000	1.20	47.591
231°F	91 psi	0.44	176.889	-0.86	0.000	-8.56	0.000	1.25	48.726
250°F	100 psi	0.46	181.414	-0.86	0.000	-8.62	0.000	1.29	49.520

Note 1: When assessing the severity of the scale problem, both the saturation index (SI) and amount of scale must be considered.
 Note 2: Precipitation of each scale is considered separately. Total scale will be less than the sum of the amounts of the eight (8) scales.
 Note 3: Saturation Index predictions on this sheet use pH and alkalinity; %CO₂ is not included in the calculations.



Comments:

Devonian (Receiving Formation)

8.0 RESERVOIR CHARACTERISTICS

8.1 FORMATION FLUID CHEMISTRY

Following the drilling of the 6-inch open-hole section the injection zone was swabbed and 10 samples were sent to Cardinal Laboratories in Hobbs, NM. The laboratory report and analysis, along with a summary table of the results that depict the concentrations of all analytes is included in Appendix D. The average concentrations for major constituents within the formation water in the entire injection interval are as follows:

Chloride: 23,700 mg/L
TDS: 42,750 mg/L
Diesel Range Organics: 5.7 mg/L
Extended Range Organics: 2.7 mg/L
pH: 6.5
Total Alkalinity: 613 mg/L

The maximum concentrations for major constituents within the formation water in the entire injection interval are as follows:

Chloride: 27,000 mg/L
TDS: 44,700 mg/L
Diesel Range Organics: 20.5 mg/L
Extended Range Organics: 5.6 mg/L
pH: 6.7
Total Alkalinity: 670 mg/L

The results of the formation water analysis support and confirm the conclusions presented from the geophysical logs, mud log, and sidewall cores that the injection zone clearly does not contain recoverable hydrocarbons. Included in Appendix D is Geolex's No Recoverable Hydrocarbon Summary report, which was required by the BLMs COA, and submitted to the BLM and NMOCD.

X.

**Log Sections Across
Proposed Devonian
Injection Interval**

Schlumberger

COMPENSATED NEUTRON
FORMATION DENSITY

COMPANY JAKE L. HAMON

SRO # SWD #
102

WELL STATE LG-1175

FIELD WILDCAT

ORIGINAL
Artasia West

COUNTY EDDY STATE NEW MEXICO

1980 FNL, & 1980 FEL

Other Services:

DLL

API SERIAL NO	SEC	RANGE
42233	16	26-S 28-E

FIELD LOCATION STATE LG-1175
WELL JAKE L. HAMON

Permanent Datum: G.L. Elev: 3024
Measured From: K.B. 13 Ft. Above Perm. Datum Elev: K.B. 3042
Logging Measure From: K.B. Elev: G.L. 3024

No.	DATE	PROPERTY OF
1	1-31-75	ONE
2	4-29-75	TWO

Driller: 14572
Logger: 14554

Fluid in Hole	Visc	Fluid Loss	Temp
FRESH WATER	27	13	56 F
SALT SATURATED	62	16.0	75 F

Source of Sample: RETURN-PIE

Meas. Temp: 56 F @ 0.40 & 75 F @ 1.00

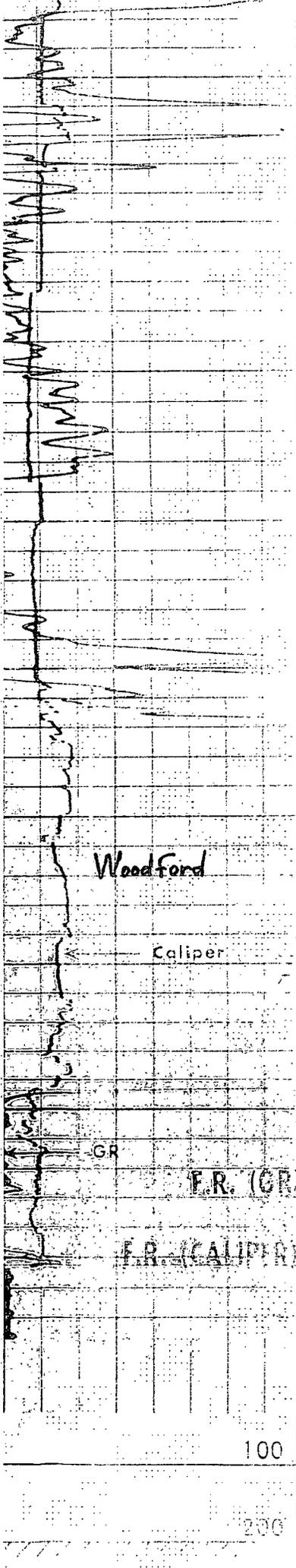
SCALE CHANGES

Type Log Depth Scale Up Scale Down

REMARKS

No.	DEPTH	LOG TYPE	REMARKS
1	1545	FULL	
2	15600	SATURATED	
3	1570		
4	1580		
5	1590		
6	1600		
7	1610		
8	1620		
9	1630		
10	1640		
11	1650		
12	1660		
13	1670		
14	1680		
15	1690		
16	1700		
17	1710		
18	1720		
19	1730		
20	1740		
21	1750		
22	1760		
23	1770		
24	1780		
25	1790		
26	1800		
27	1810		
28	1820		
29	1830		
30	1840		
31	1850		
32	1860		
33	1870		
34	1880		
35	1890		
36	1900		
37	1910		
38	1920		
39	1930		
40	1940		
41	1950		
42	1960		
43	1970		
44	1980		
45	1990		
46	2000		
47	2010		
48	2020		
49	2030		
50	2040		
51	2050		
52	2060		
53	2070		
54	2080		
55	2090		
56	2100		
57	2110		
58	2120		
59	2130		
60	2140		
61	2150		
62	2160		
63	2170		
64	2180		
65	2190		
66	2200		
67	2210		
68	2220		
69	2230		
70	2240		
71	2250		
72	2260		
73	2270		
74	2280		
75	2290		
76	2300		
77	2310		
78	2320		
79	2330		
80	2340		
81	2350		
82	2360		
83	2370		
84	2380		
85	2390		
86	2400		
87	2410		
88	2420		
89	2430		
90	2440		
91	2450		
92	2460		
93	2470		
94	2480		
95	2490		
96	2500		
97	2510		
98	2520		
99	2530		
100	2540		

IN DATA
KG CFS 70
Scale CFS



14200

14300

14400

14500

Woodford

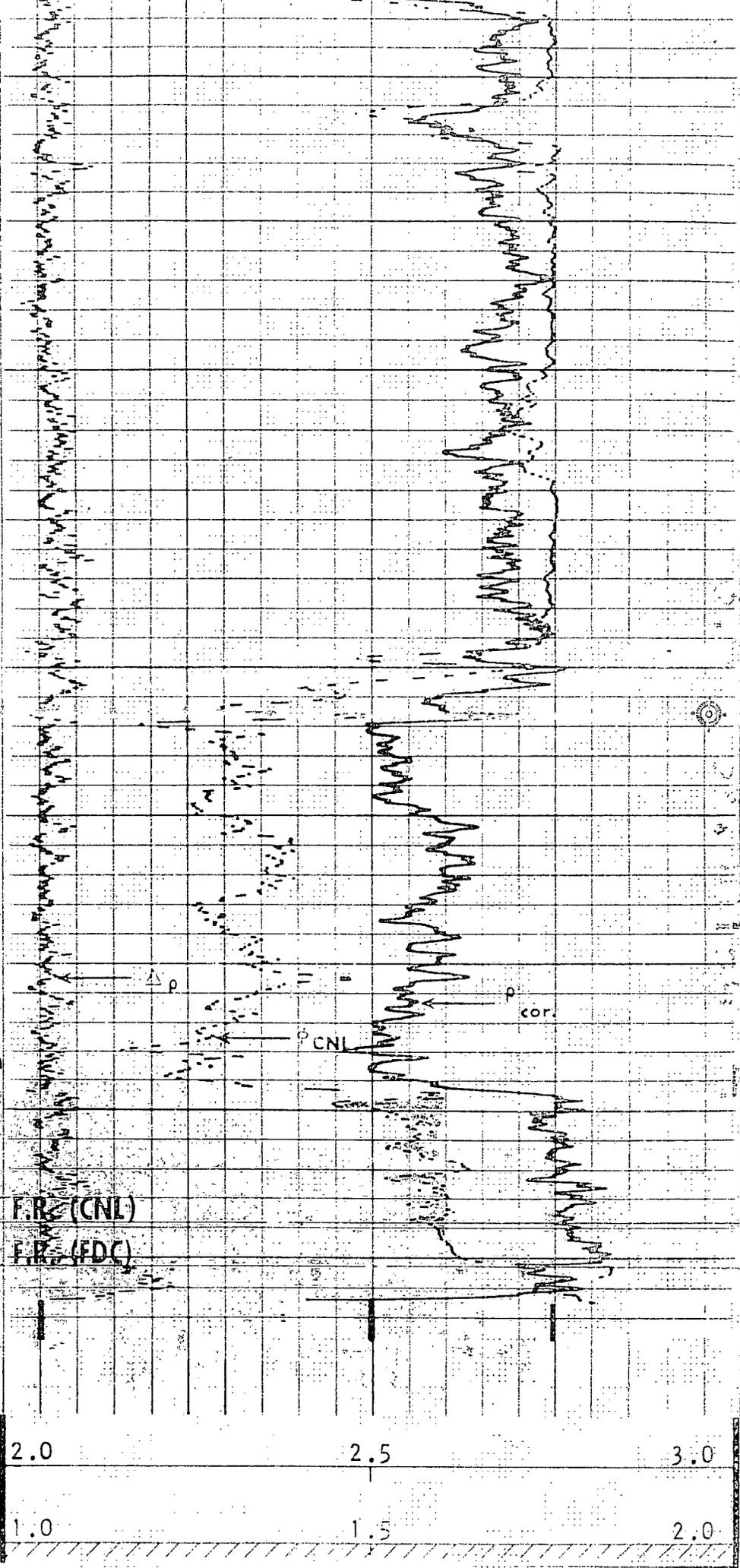
Caliper

Top Devonian

GR

F.R. (GR)

F.R. (CALIPER)



$\Delta \rho$

CNL

cor.

F.R. (CNL)

F.R. (FDC)

100

200

2.0

2.5

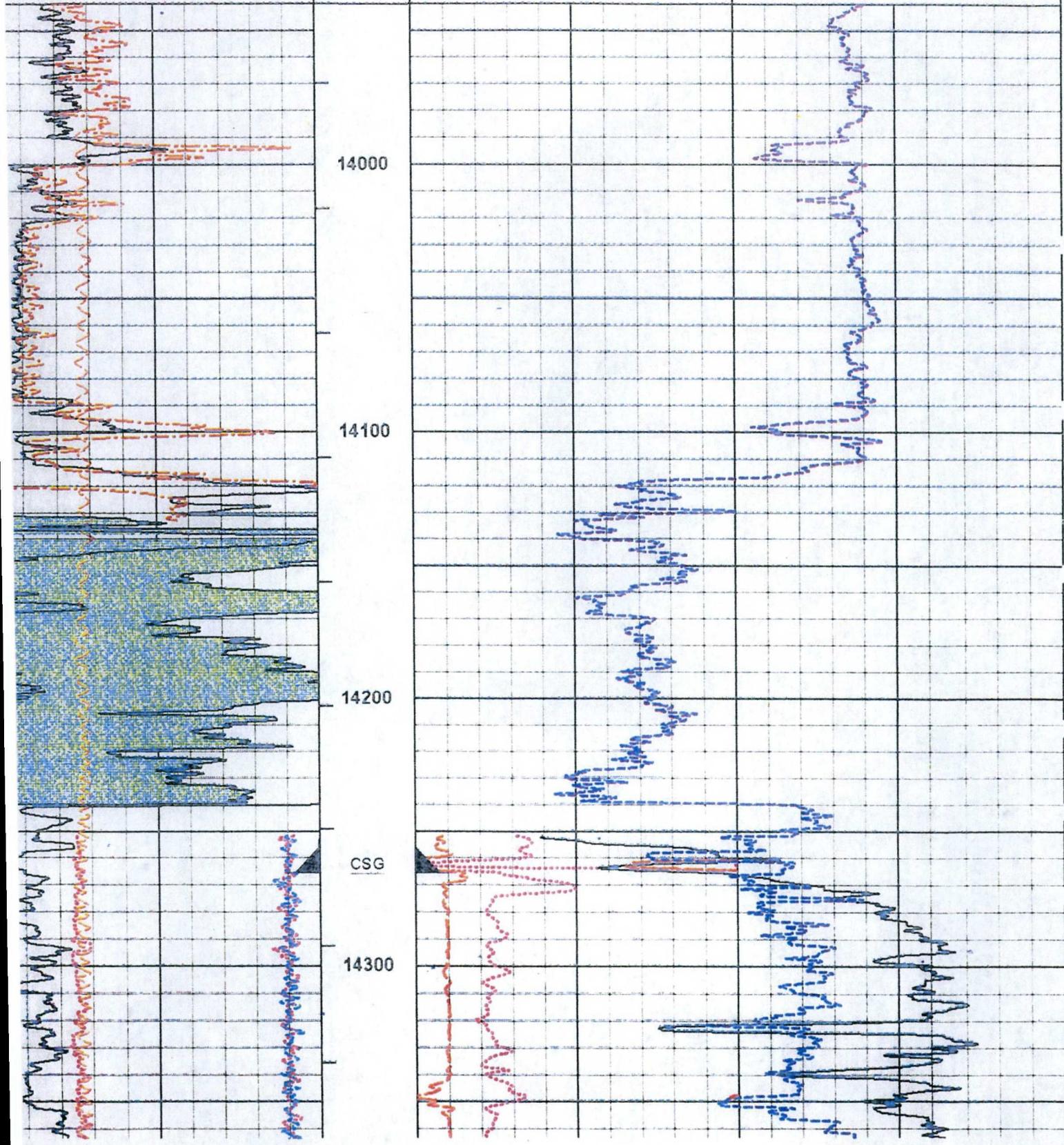
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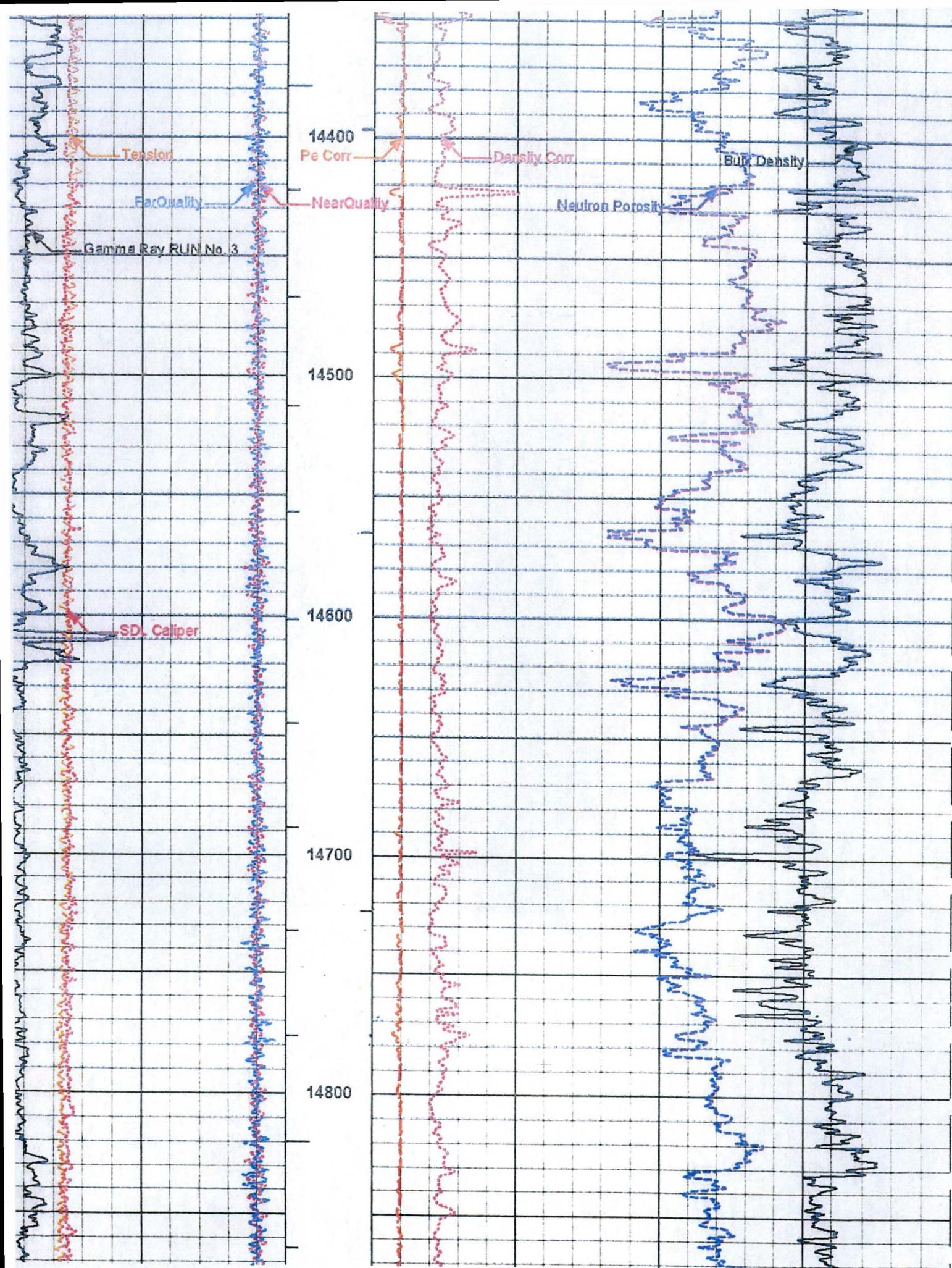
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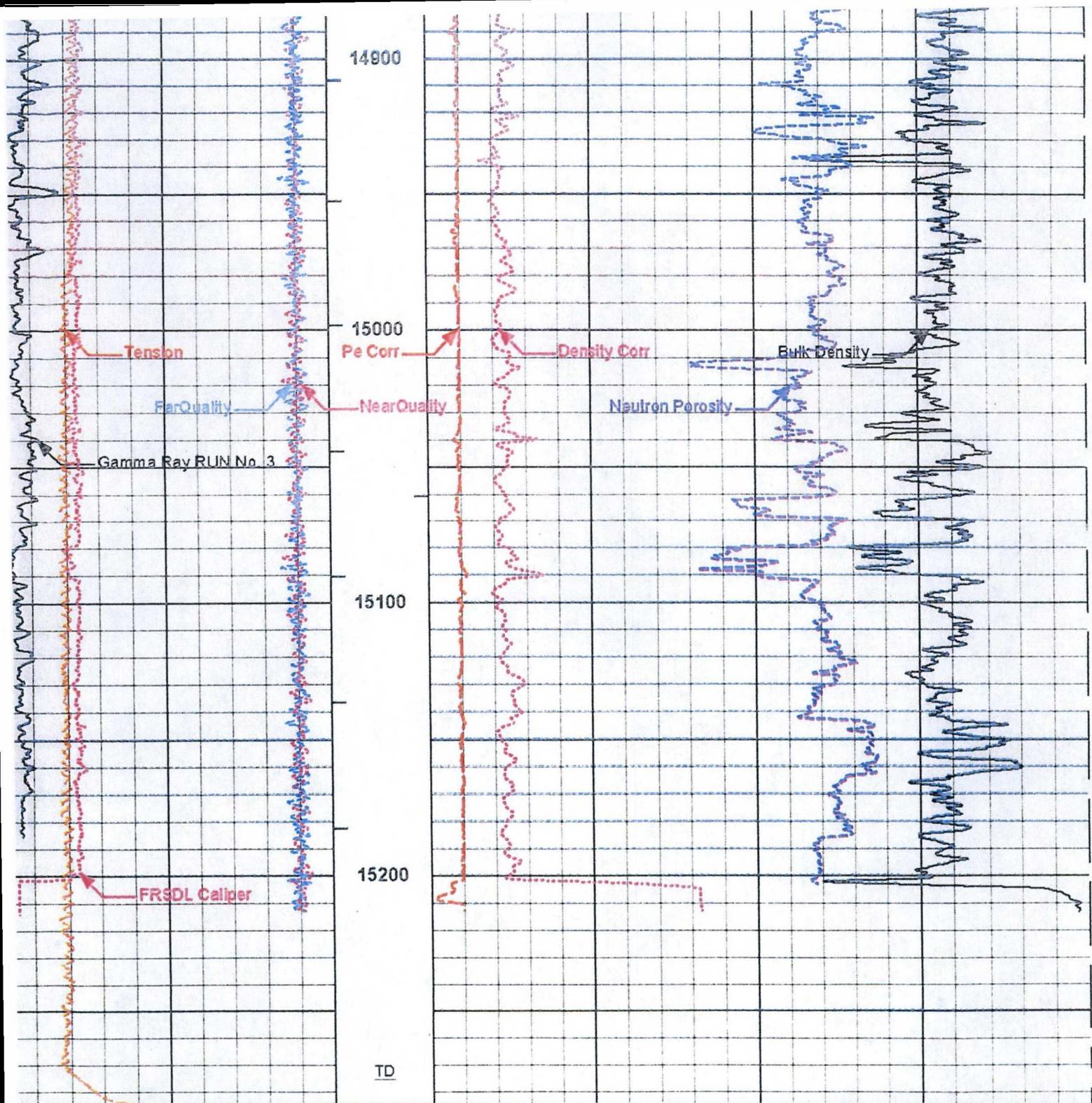
1.5

2.0

3K	Tension pounds	0	30	Neutron Porosity % Matrix Limestone	-10
	SDL Caliper inches	14	1 : 600	Bulk Density gm/cc	3
	Gamma Ray RUN No 3 api	150	AHVT	Pe Corr	9
	Gamma Ray RUN No 2 api	150	BHVT	Density Corr gm/cc	0.8







Gamma Ray_RUN No 2 api	150	BD/T	-0.2	Density Corr gm/cc	0.8
Gamma Ray RUN No 3 api	150	AD/T	-1	Pe Corr	9
SDL Caliper inches	14	1 : 600	2	Bulk Density gm/cc	3
OK Tension pounds	0		30	Neutron Porosity % Matrix Limestone	-10
NearQuality	-2				

XI.

**There Are No Fresh
Water Wells Within a 1
Mile Radius**



New Mexico Office of the State Engineer

Water Column/Average Depth to Water

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced, O=orphaned, C=the file is closed)

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

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

(In feet)

POD Number	POD Sub-Code	basin	County	Q 64	Q 16	Q 4	Sec	Tws	Rng	X	Y	Depth Well	Depth Water	Water Column
C 02160 S7	> 1 mile	CUB	ED	3	3	1	22	26S	28E	586638	3543998*	300	120	180
C 02479	> 1 mile	CUB	ED	4	4	10	26S	28E	587909	3546534*	200			
C 02480	> 1 mile	CUB	ED	4	4	10	26S	28E	587909	3546534*	150			
C 04022 POD1	> 1 mile	CUB	ED	4	4	2	15	26S	28E	588082	3545647	220	175	45

Average Depth to Water: **147 feet**

Minimum Depth: **120 feet**

Maximum Depth: **175 feet**

Record Count: 4

PLSS Search:

Section(s): 8, 9, 10, 15, 16, 17, 20, 21, 22 **Township:** 26S **Range:** 28E

*UTM location was derived from PLSS - see Help

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.

Affidavit of Publication

No. 24738

State of New Mexico

County of Eddy:

Danny Scott *[Signature]*

being duly sworn says that she is the
of the Artesia Daily Press, a daily newspaper of General
circulation, published in English at Artesia, said county
and state, and that the hereto attached

Legal Ad

was published in a regular and entire issue of the said
Artesia Daily Press, a daily newspaper duly qualified
for that purpose within the meaning of Chapter 167 of
the 1937 Session Laws of the state of New Mexico for
1 Consecutive weeks/day on the same

day as follows:

First Publication June 29, 2018

Second Publication _____

Third Publication _____

Fourth Publication _____

Fifth Publication _____

Sixth Publication _____

Seventh Publication _____

Subscribed and sworn before me this

20th day of July 2018



OFFICIAL SEAL
Latisha Romine
NOTARY PUBLIC-STATE OF NEW MEXICO

My commission expires: 5/12/2019

[Signature]

Latisha Romine

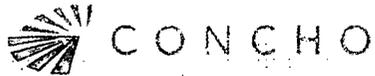
Notary Public, Eddy County, New Mexico

Copy of Publication:

Legal Notice

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 Salt Cedar 16 State SWD No. 1, is located 1850' FNL and 2185' FEL, Section 16, Township 26 South, Range 28 East, Eddy 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 formation at a depth of 14,490' to 16,000' at a maximum surface pressure of 2898 psi and a maximum rate of 40,000 BWP. The proposed SWD well is located approximately 17 miles south of Loving. 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, 87505m 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 Artesia Daily Press, Artesia, N.M., June 29, 2018 Legal No. 24738.



July 31, 2018

Oil Conservation Division
Attn: Ray Podany
811 South First Street
Artesia, NM 88210

RE: Application For Authorization To Inject
Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
Unit G, Section 16, Township 26 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

Dear Mr. Podany:

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, we will send you a copy.

This well is a replacement well for the SRO SWD 102 and is located on an extension of the original pad so the original facility can be used. The SRO SWD 102 will be plugged prior to drilling this well. The estimated top of the Devonian is 14490'. Please do not hesitate to contact me at (575) 748-6940 should you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Brian Collins".

Brian Collins
Facilities Engineering Advisor

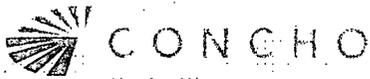
BC/mv
Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER | 500 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 409.363.7443 | F 402.383.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.746.2096



July 31, 2018

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

RE: Application For Authorization To Inject
Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
Unit G, Section 16, Township 26 South, Range 28 East, N.M.P.M.
Eddy 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, we will send you a copy.

This well is a replacement well for the SRO SWD 102 and is located on an extension of the original pad so the original facility can be used. The SRO SWD 102 will be plugged prior to drilling this well. The estimated top of the Devonian is 14490'. Please do not hesitate to contact me at (575) 748-6940 should you have any questions.

Sincerely,

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

Brian Collins
Facilities Engineering Advisor

BC/mv
Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER | 800 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 432.683.7443 | F 432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.748.2096



July 31, 2018

New Mexico State Land Office
310 Old Santa Fe Trail
Santa Fe, NM 87501

RE: Application For Authorization To Inject
Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
Unit G, Section 16, Township 26 South, Range 28 East, N.M.P.M.
Eddy 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 affected person. 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
Facilities Engineering Advisor

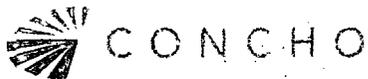
BC/mv
Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P432.663.7443 | F432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 86210
P575.748.6940 | F575.746.2096



July 31, 2018

The Allar Company
735 Elm Street
Graham, TX 76450

RE: Application For Authorization To Inject
Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
Unit G, Section 16, Township 26 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

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

Sincerely,

A handwritten signature in cursive script that reads "Brian Collins".

Brian Collins
Facilities Engineering Advisor

BC/mv
Enclosures



July 31, 2018

Chevron USA, Inc.
1400 Smith St.
Houston, TX 77002

RE: Application For Authorization To Inject
Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
Unit G, Section 16, Township 26 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

To Whom It May Concern:

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

Sincerely,

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Brian Collins
Facilities Engineering Advisor

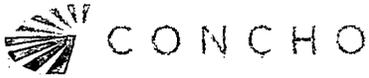
BC/mv
Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 432.683 7443 | F 432.683 7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.745.8040 | F 575.746.2096



July 31, 2018

EOG Resources, Inc.
509 Champions Drive
Midland, TX 79706

RE: Application For Authorization To Inject
Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
Unit G, Section 16, Township 26 South, Range 28 East, N.M.P.M.
Eddy County, New Mexico

To Whom It May Concern:

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Sincerely,

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Brian Collins
Facilities Engineering Advisor

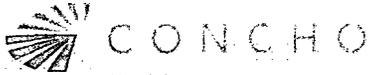
BC/mv
Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 432.683.7443 | F 432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.746.2096



July 31, 2018

EOG Y Resources
104 South Fourth Street
Artesia, NM 88210

RE: Application For Authorization To Inject
Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
Unit G, Section 16, Township 26 South, Range 28 East, N.M.P.M.
Eddy 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 affected person. 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
Facilities Engineering Advisor

BC/mv
Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER | 800 W. 1ST ST. | MIDLAND, TEXAS 79701
P 409.563.7443 | F 409.563.7410

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.748.2096



July 31, 2018

EOG M Resources
104 South Fourth Street
Artesia, NM 88210

RE: Application For Authorization To Inject
Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
Unit G, Section 16, Township 26 South, Range 28 East, N.M.P.M.
Eddy 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 affected person. 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.

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Sincerely,

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

Brian Collins
Facilities Engineering Advisor

BC/mv
Enclosures

CORPORATE ADDRESS

EOG CONCHO CENTER | 1400 WEST LINCOLN AVENUE | MIDLAND, TEXAS 79701
P 409.883.7443 | F 409.883.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.746.2036

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <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.	A: Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Address B: Received by (Printed Name) C: Date of Delivery D: Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Oil Conservation Division Attn: Ray Podany 811 South First Street Artesia, NM 88210 Salt Cedar 16 State SW D 1 9590 9402 3634 7305 8100 82	3: Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery
2: Article Number (Transfer from service label) 7017 2620 0000 8100 7791	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <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.	A: Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address B: Received by (Printed Name) C: Date of Delivery D: Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
New Mexico Oil Conservation Division Attn: Phillip Goetze 1220 South St. Francis Drive Santa Fe, NM 87505 Salt Cedar 16 State SW D 1 9590 9402 3634 7305 8100 75	3: Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery
2: Article Number (Transfer from service label) 7017 2620 0000 8100 7784	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <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.	A: Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address B: Received by (Printed Name) C: Date of Delivery D: Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
ONY USA, Inc. 5 Greenway Plaza Houston, TX 77046 Salt Cedar 16 State SW D 1 9590 9402 3634 7305 8146 84	3: Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery
2: Article Number (Transfer from service label) 7017 2620 0000 8100 7890	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address
1. Article Addressed to: OXY Y-1 5 Greenway Plaza Houston, TX 77046 Salt Cedar 16 State SWD 1	B. Received by (Printed Name) <i>Eden Lov</i> C. Date of Delivery <i>8-6</i> 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 (Transfer from service label) 7017 2620 0000 8100 7883	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Restricted Delivery
9590 9402 3634 7305 8146 91	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address
New Mexico State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501 Salt Cedar 16 State SWD 1	B. Received by (Printed Name) C. Date of Delivery 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 (Transfer from service label) 7017 2620 0000 8100 7807	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Restricted Delivery
9590 9402 3594 7305 7163 87	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address
The Allar Company 735 Elm Street Graham, TX 76450 Salt Cedar 16 State SWD 1	B. Received by (Printed Name) <i>Melanie Barnett</i> C. Date of Delivery <i>8-2-18</i> 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 (Transfer from service label) 7017 2620 0000 8100 7814	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Restricted Delivery
9590 9402 3634 7305 8147 69	
PS Form 3811, July 2015 PSN 7530-02-000-9053	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <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.	A. Signature <i>Dennis Maypin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Dennis Maypin</i> 8/1/18 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
EOG Y Resources 104 South Fourth Street Artesia, NM 88210 Salt Cedar 16 State SWD 1 9590 9402 3634	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery
2. Article Number (Transfer from service label) 7017 2620 0000 8100 7845	
PS Form 3811, July 2015 PSN 7630-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <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.	A. Signature <i>Dennis Maypin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Dennis Maypin</i> 8/1/18 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
EOG M Resources 104 South Fourth Street Artesia, NM 88210 Salt Cedar 16 State SWD 1 9590 9402 3634 7305 8147 14	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery
2. Article Number (Transfer from service label) 7017 2620 0000 8100 7869	
PS Form 3811, July 2015 PSN 7630-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <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.	A. Signature <i>Dennis Maypin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>Dennis Maypin</i> 8/1/18 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
EOG A Resources 104 South Fourth Street Artesia, NM 88210 Salt Cedar 16 State SWD 1 9590 9402 3634 7305 8147 21	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Restricted Delivery
2. Article Number (Transfer from service label) 7017 2620 0000 8100 7852	
PS Form 3811, July 2015 PSN 7630-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Mewbourne Oil Company
500 W. Texas Ave., Suite 1020
Midland, TX 79701
Salt Cedar 16 State SWD 1



9590 9402 3634 7305 8147 07

2. Article Number (Transfer from service label)

7017 2620 0000 8100 7876 11

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Beckwith* 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
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Full Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation®
 - Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

EOG Resources, Inc.
509 Champions Drive
Midland, TX 79706
Salt Cedar 16 State SWD 1



9590 9402 3634 7305 8147 45

2. Article Number (Transfer from service label)

7017 2620 0000 8100 7838

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Alton* 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
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Full Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation®
 - Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <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.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. <p style="text-align: center;">Chevron USA, Inc. 1400 Smith St. Houston, TX 77002 Salt Cedar 16 State SWD 1</p> <p style="text-align: center;">9590 9402 3634 7305 8147 52</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery
2. Article Number (Transfer from service label) 7017 2620 0000 8100 7821	
PS Form 3811, July 2015 PSN 7530-02-000-8053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <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.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. <p style="text-align: center;">UNY USA, Inc. 5 Greenway Plaza Houston, TX 77046 Salt Cedar 16 State SWD 1</p> <p style="text-align: center;">9590 9402 3634 7305 8146 84</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Insured Mail
2. Article Number (Transfer from service label) 7017 2620 0000 8100 7890	
PS Form 3811, July 2015 PSN 7530-02-000-8053 Domestic Return Receipt	

AUG 07 2018 PM 03:28



July 31, 2018

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

RE: Application For Authorization To Inject
Salt Cedar 16 State SWD #1
1850' FNL, 2185' FEL
Unit G, Section 16, Township 26 South, Range 28 East, N.M.P.M.
Eddy 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, we will send you a copy.

This well is a replacement well for the SRO SWD 102 and is located on an extension of the original pad so the original facility can be used. The SRO SWD 102 will be plugged prior to drilling this well. The estimated top of the Devonian is 14490'. Please do not hesitate to contact me at (575) 748-6940 should you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Brian Collins".

Brian Collins
Facilities Engineering Advisor

BC/mv
Enclosures

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 432.683.7443 | F 432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.746.2096



FORM C-108 Technical Review Summary [Prepared by reviewer and included with application; V17]

DATE RECORD: First Rec: 08/07/18 Admin Complete: 08/07/18 or Suspended: 03/06/19 Add. Request/Reply: 03/15/19
ORDER TYPE: WFX / PMX / SWD Number: 1807 Order Date: 03/27/2019 Legacy Permits/Orders: -

Well No. 1 Well Name(s): Salt Cedar 16 State SWD
API: 30-013-Pending Spud Date: TBD New or Old (EPA): New (UIC Class II Primacy 03/07/1982)
Footages 1850' FNL / 2185' FEL Lot - or Unit G Sec 16 Tsp 26S Rge 28E County Eddy
General Location: ~3 mi N of NM/TX state line; 1.6 mi W of US 285 SWD; Devonian-Silurian Pool No.: 97869
BLM 100K Map: Carlsbad Operator: COG Operating LLC OGRID: 229 137 Contact: Brian Collins, COG
COMPLIANCE RULE 5.9: Total Wells: 4104 Inactive: 1 Fincl Assur: OK Compl. Order? No IS 5.9 OK? Yes date: 03/27/19
WELL FILE REVIEWED Current Status: No APD/API at time of review
WELL DIAGRAMS: NEW: Proposed or RE-ENTER: Before Conv. After Conv. Logs in Imaging: [Require additional geophysical]
Planned Rehab Work to Well: NA

Well Construction Details table with columns: Sizes (in) Borehole / Pipe, Setting Depths (ft), Stage Tool, Cement Sx or Cf, Cement Top and Determination Method. Rows include Surface, Interny Prod, Prod/Liner, and OH/PERF.

Injection Lithostratigraphic Units table with columns: Depths (ft), Injection or Confining Units, Tops. Includes rows for Adjacent Unit, Confining Unit, Proposed Inj Interval TOP/BOTTOM, and another Confining Unit.

Completion/Operation Details: Drilled TD, PBSD, NEW TD, NEW PBSD, NEW Open Hole or NEW Perfs, Tubing Size, Inter Coated?, Proposed Packer Depth, Min. Packer Depth, Proposed Max. Surface Press., Admin Annul Press.

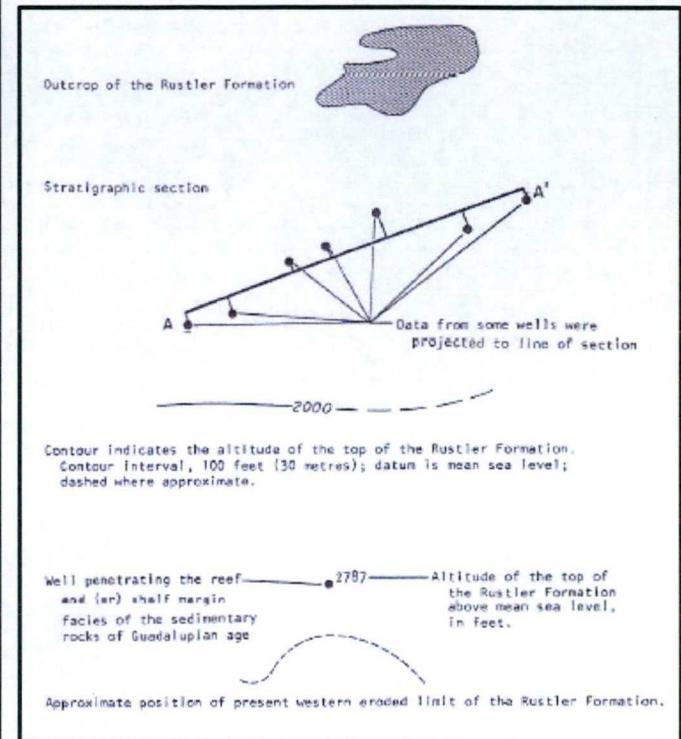
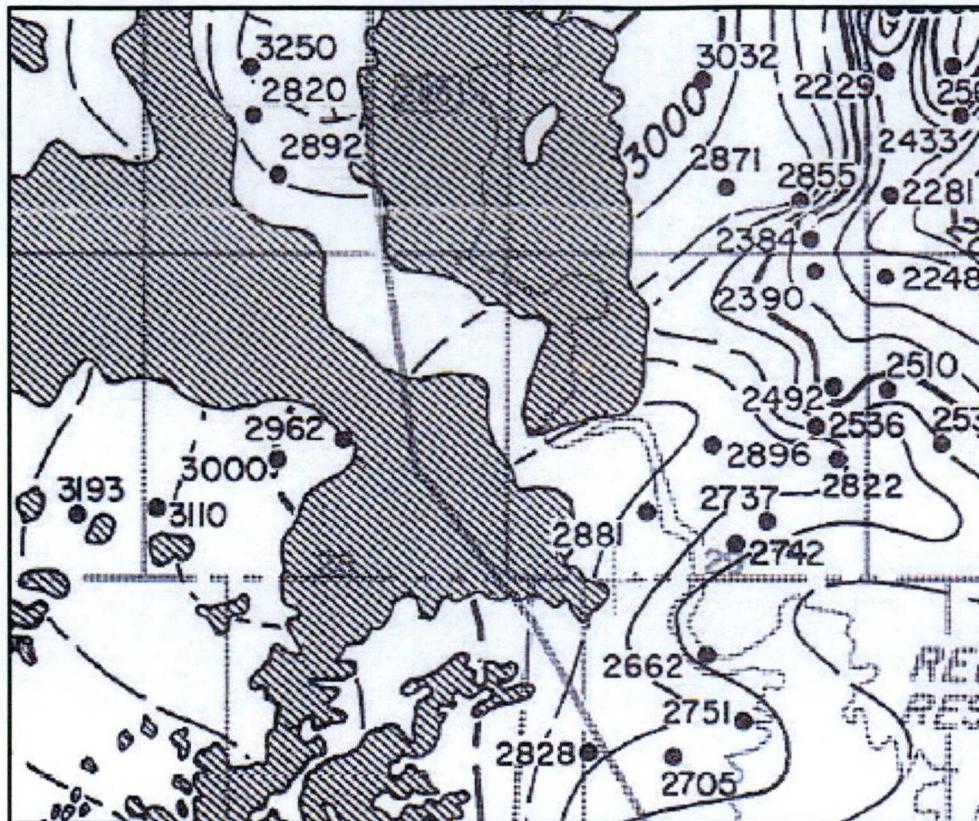
AOR: Hydrologic and Geologic Information

POTASH: R-111-P No Noticed? NA BLM Sec Ord No WIPP Noticed? NA Salt/Salado T 495 B: 2380 NW: Cliff House fm
USDW: Aquifer(s) Surface alluvial/Rustler Max Depth < 500 HYDRO AFFIRM STATEMENT By Qualified Person
NMOSE Basin: Carlsbad CAPITAN REEF: thru adj NA No. GW Wells in 1-Mile Radius? 0 FW Analysis? NA
Disposal Fluid: Formation Source(s) BS/WC/DMG [SRO SWD battery] Analysis? Yes On Lease Operator Only or Commercial
Disposal Interval: Inject Rate (Avg/Max BWPD): 25000/40000 Protectable Waters? No Source: Proximity to SRO System: Closed or Open
HC Potential: Producing Interval? No Formerly Producing? No Method: Logs/DST/P&A/Other Proximity to SRO SWD No. 102 8-Mi Radius Pool Map
AOR Wells: 1/2-M or ONE-M RADIUS MAP/WELL LIST: Total Penetrating Wells: 1 [AOR Hor: 0 AOR SWDs: 1]
Penetrating Wells: No. Active Wells 0 No. Corrective? on which well(s)? Diagrams?
Penetrating Wells: No. P&A Wells 1 No. Corrective? 0 on which well(s)? Demonstration of P&A Diagrams? Yes
Induced-Seismicity Risk Assess: analysis submitted historical/catalog review fault-slip model No probability low

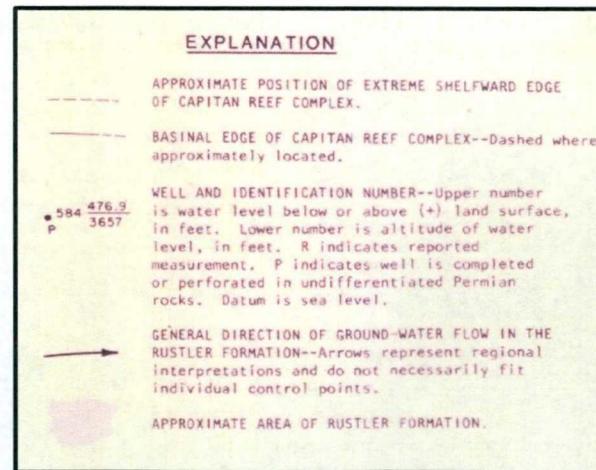
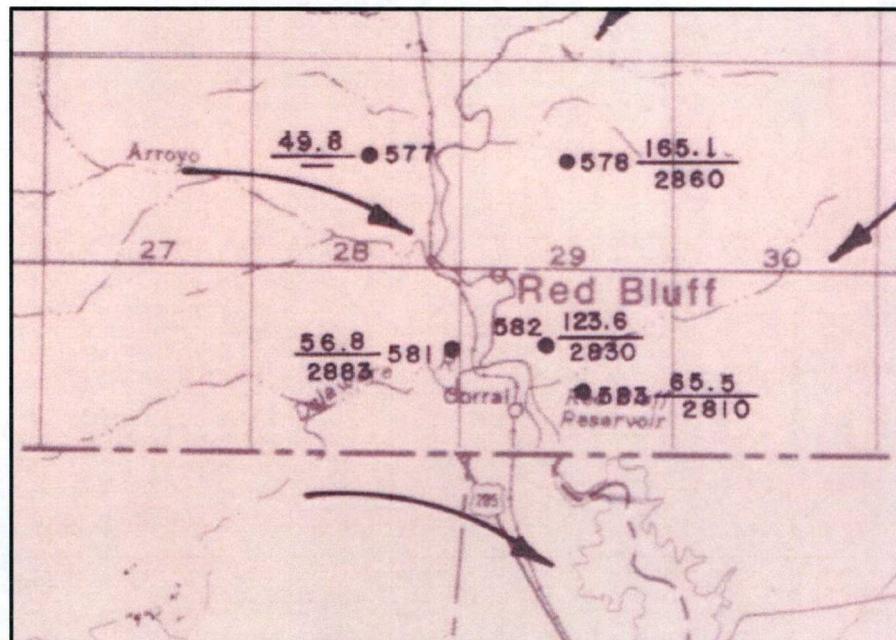
NOTICE: 1/2-M or ONE-M Newspaper Date 6/29/18 Mineral Owner SLO Surface Owner SLO N. Date 7/31/18
RULE 26.7(A): Identified Tracts? Yes Affected Persons: Chevron; Altar; NMSLO; EOG-Y/-A-M; EOG; Newbourne N. Date 7/31/18
* new definition as of 12/28/2018 [any the mineral estate of United States or state of New Mexico; SWD operators within the notice radius]

Order Conditions: Issues: SRO SWD No. 102 post P&A; strat control good-interval info following SRO.
Additional COAs: SRO P&A inspection; BH pressure; geo logs for correct form. character; CBI for uncirculated

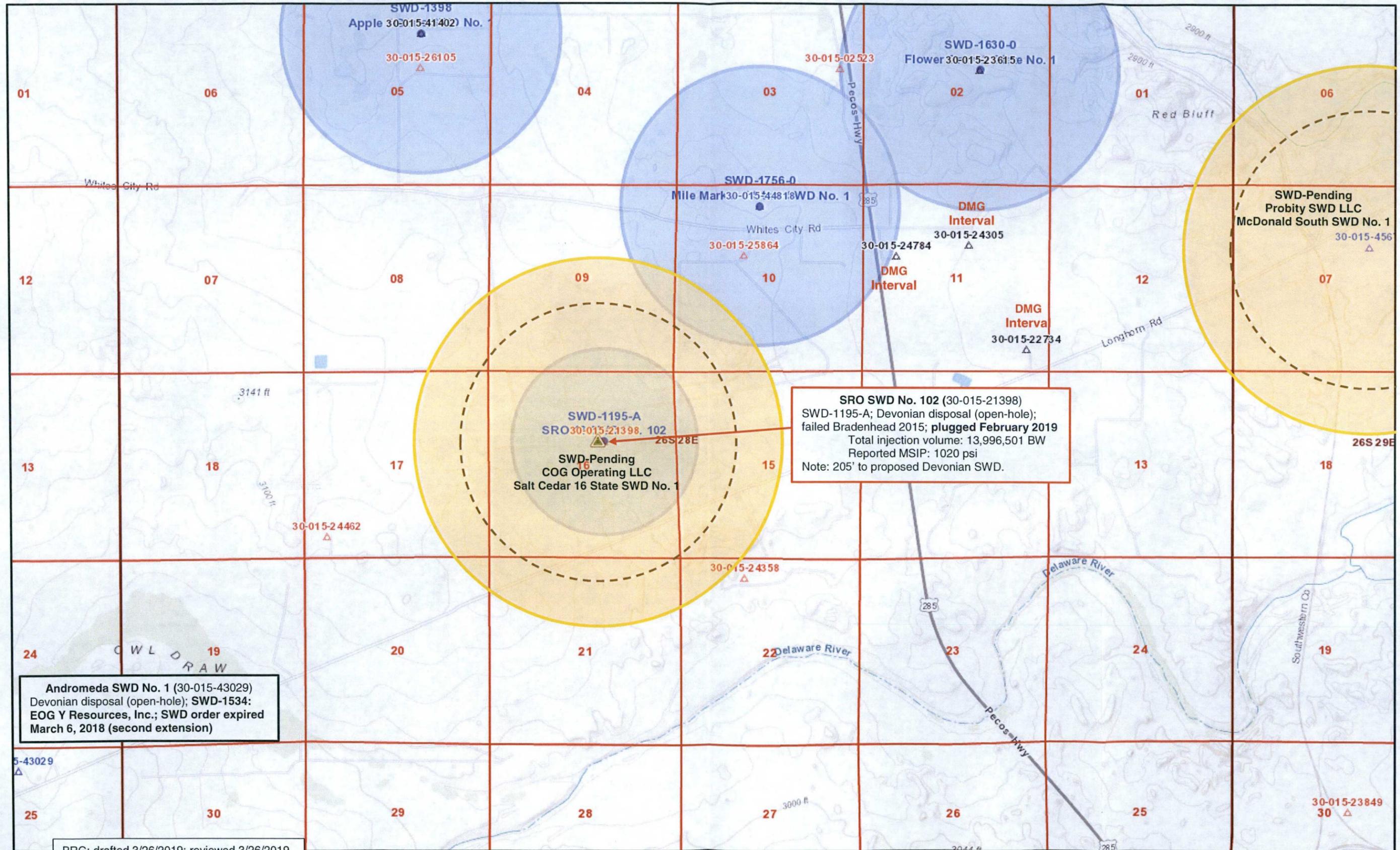
NMBGMR Resource Map 7



USGS WRI 84-4077



**Pending Application for High-Volume Devonian Disposal Well
C-108 Application for the Salt Cedar 16 State SWD No. 1 – COG Operating LLC**



Pending Application for High-Volume Devonian Disposal Well
 C-108 Application for the Salt Cedar 16 State SWD No. 1 – COG Operating LLC

C-103 (NOI) Sundry dated December 19, 2018

32.0442924

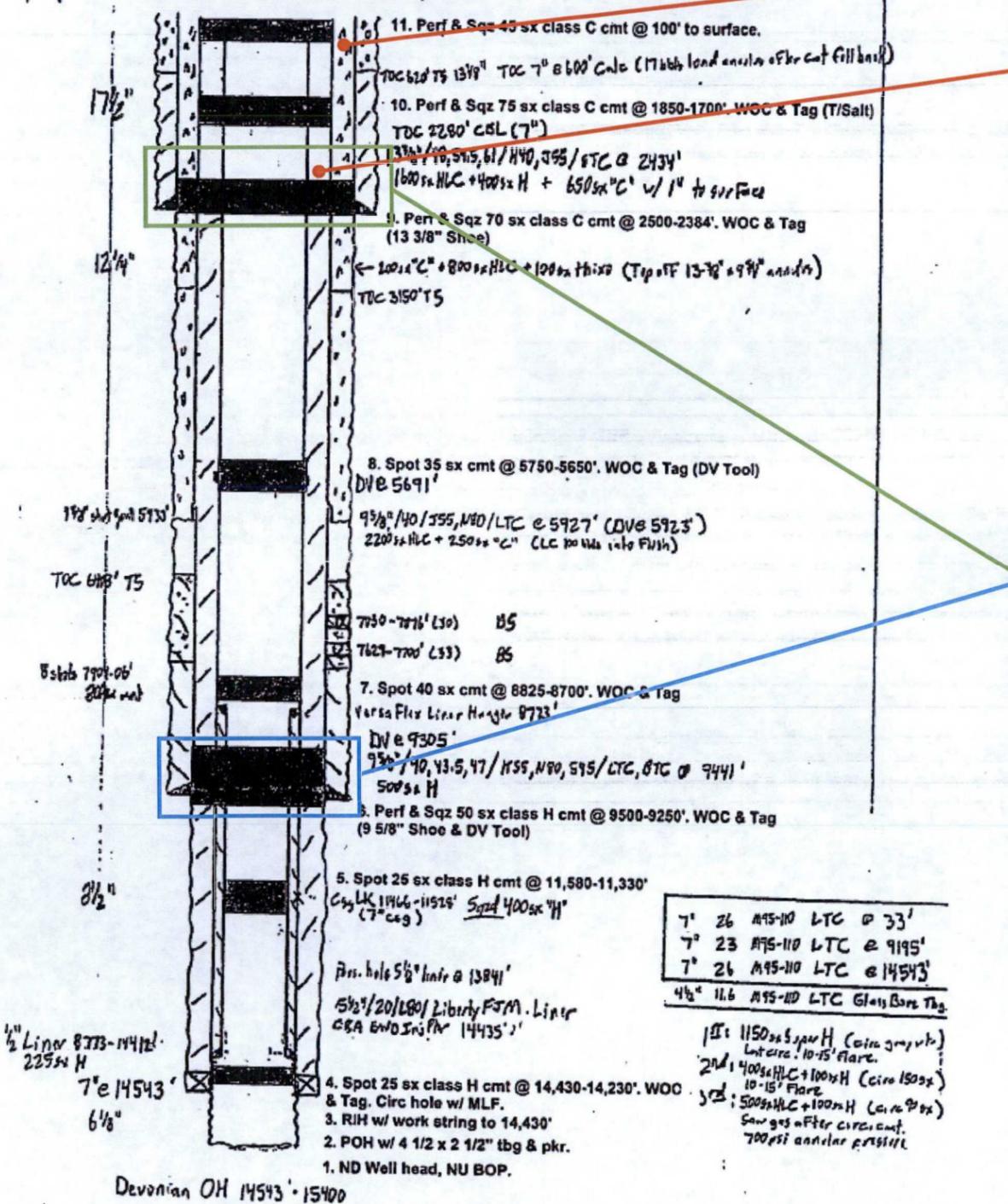
S.J 102 SWD

-104.0902863

30-015-21398

(Formerly St. LG-1175 #1)
 1980' FML, 1980' FEL
 G-16-265-28e
 Eddy NM

Zone: 17' AGL
 KB: 3041'
 GL: 3024'



C-103 (Subsequent) Sundry dated December 17, 2015

October 2015: 13-3/8" x 9-5/8" annular shut in pressure = 100 psi. Bled off in 1 minute. 9-5/8" x 7" annular shut in pressure = 575psi. Bled off within 24 hours. Measured an estimated gas flow rate of 30 MCFPD (75 psi on 1/8" choke) while bleeding the pressure off.

3 December 2015: 9-5/8" x 7" annular pressure bled off immediately after being shut in for 2 days. Took approximately 1 bbl fresh water to load annulus. Pressurized to 760 psi and bled off slowly to 700 psi in 35 minutes. No injection rate could be established and the annulus would immediately pressurize when the pump was started. Pumping a bradenhead cement squeeze is not feasible.

Proposed plan of action is to monitor casing annuli for pressure on a weekly basis and bleed off the gas pressure as/if necessary. We will notify NMOCD if substantial increases occur in the casing pressure or if substantial increases occur in the time required to blow the casing pressure down.

C-103 (Subsequent) Sundry dated February 25, 2019

02/01/19 MIRU plugging equipment. 02/04/19 ND wellhead, NU BOP. RIH w/ 197 jts of tbg. 02/05/19 Continued in hole w/ tbg. Tagged Top of 5 1/2" liner @ 8773', tagged RBP @ 14,385'. Unset RBP, well started flowing. SIW. 02/06/19 Pump'd brine H2O to kill well. POH w/ RBP. Set 5 1/2" CIBP @ 14,440'. 02/07/19 RIH w/ muleshoe, tagged CIBP @ 14,440'. Circulated hole w/ MLF. Pressure tested csg, held 600 PSI. Spot'd 25 sx class H cmt @ 14,440-14,196'. WOC. 02/08/19 Tagged TOC @ 14,116'. POH w/ the 02/11/19 RIH to 11,580'. Broke circulation. Spot'd 25 sx class H cmt @ 11,580-11,336'. 02/12/19 Perf'd csg @ 9500'. Pressured up on perfs to 500 PSI. Spot'd 110 sx class H cmt @ 9550-8630'. WOC. Tagged plug @ 8665'. Spot'd 70 sx class C cmt @ 5750-5330'. 02/13/19 Perf'd csg @ 2500'. Pressured up on perfs to 500 PSI. Spot'd 40 sx class C cmt w/ 2% CACL @ 2550-2300'. WOC. Tagged plug @ 2352'. Perf'd csg @ 1850'. Established injection rate of 1200 lbs @ 1-1 1/2 BPM. Broke circulation up the 9 5/8". Sqz'd 90 sx class C cmt @ 1850-1775'. WOC. (continued on page 2)

02/14/19 Tagged plug @ 1682'. Perr'd 7" csg @ 100'. Broke circulation down the 7" & up the 9 5/8" csg. Pressured up to 1000 PSI on 13 3/8" csg. ND BOP, NU well head. Sqz'd 40 sx class C cmt @ 100' & circulated to surface on 7" & 9 5/8" csg. Rigg'd down & moved off. 02/15/19 Moved in backhoe and welder, dug out cellar, cut off well head, and verified cement to surface (Kerry Fortrier w/ NM OCD as witness). Welded on "Below Ground Dry Hole Marker". Backfilled cellar, cut off dead men, cleaned location and moved off.

7"	26	M95-110	LTC @ 33'
7"	23	M95-110	LTC @ 9195'
7"	26	M95-110	LTC @ 14543'
4 1/2"	116	M95-110	LTC Glass Bore Tbg.

- 1st: 1150sx5jauH (circ 3jauH)
Lnt circ 10-15' flare.
- 2nd: 400sxHLC+100sxH (circ 150sx)
10-15' Flare
- 3rd: 500sxHLC+100sxH (circ 90sx)
Saw gas after circ. ent.
700psi annular pressure

Devonian OH 14543' - 15400

Goetze, Phillip, EMNRD

From: McMillan, Michael, EMNRD
Sent: Friday, March 15, 2019 10:10 AM
To: Ocean Munds-Dry; Goetze, Phillip, EMNRD
Subject: RE: [External] RE: COG Salt Cedar 16 State SWD 1 C108 Application (G-16-26s-28e)

Ocean:

I talked to Kerry Fortner in Hobbs, and he needs the paperwork to get the SRO SWD Well No. 102 to be Plugged and released. The SRO SWD Well No. 102 is currently Plugged, not Released.

The OCD will not approve the SWD permit for the Salt Cedar 16 State SWD Well No.1 until it gets the required paperwork for the SRO SWD Well No. 102.

Thanks

Mike

From: Ocean Munds-Dry <OMundsDry@concho.com>
Sent: Wednesday, March 13, 2019 9:01 AM
To: Goetze, Phillip, EMNRD <Phillip.Goetze@state.nm.us>
Cc: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Subject: [EXT] Re: [External] RE: COG Salt Cedar 16 State SWD 1 C108 Application (G-16-26s-28e)

Phil and Mike:

Please find attached the C-103 requested/referenced below. Let us know if you need any additional information.

NOTICE: The information in this email may be confidential and/or privileged. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this email and its attachments, if any, or the information contained herein, is prohibited. If you have received this email in error, please immediately notify the sender by return email and delete this email from your system. Further, any contract terms proposed or purportedly accepted in this email are not binding and are subject to management's final approval as memorialized in a separate written instrument, excluding electronic correspondence, executed by an authorized representative of COG Operating LLC or its affiliates.

Goetze, Phillip, EMNRD

From: Goetze, Phillip, EMNRD
Sent: Wednesday, March 6, 2019 10:46 AM
To: 'Ocean Munds-Dry'
Cc: Wade, Gabriel, EMNRD; Jones, William V, EMNRD; Brian Collins <BCollins@concho.com> (BCollins@concho.com); McMillan, Michael, EMNRD
Subject: RE: COG Salt Cedar 16 State SWD 1 C108 Application (G-16-26s-28e)
Attachments: COG_ Salt Cedar 16 StateSWD#1_draft.pdf

Ocean:

A quick review of the area finds no conflicts with active or pending application for Devonian SWDs that the Division would oppose. I will request Mike put it on the priority list and would possibly have a draft order for next week.

However, there is one request for COG which could avoid issues in the review process: there is no Subsequent C-103 for the P&A for the SRO SWD No. 102 in the well file, only a NOI (can't have the same C-103 as both a NOI and a Subsequent Sundry as found in the C-103 dated 12/19/2018). Since the new well is only 205 feet west of this Devonian well, it would be beneficial to have a final P&A record since this will be the only penetrating well (for which the AOR would be required). The SRO SWD No. 102 was directed to be shut-in on November 2, 2017 due to failure of mechanical integrity ("860 on casing. Bled off a couple of bucket fulls down to 840 and closed valve. Pressure built back up to 860.") The AOR would require whether the P&A was completed as to not to have another incident of fluid migrating out of zone and, with current filings for the SRO SWD No. 102, this is not feasible. Please see what can be done.

Please contact either Mike or me with any questions concerning this application. PRG

Phillip Goetze, PG
Engineering Bureau, Oil Conservation Division, NM EMNRD
1220 South St. Francis Drive, Santa Fe, NM 87505
Direct: 505.476.3466
E-mail: phillip.goetze@state.nm.us

From: Ocean Munds-Dry <OMundsDry@concho.com>
Sent: Wednesday, March 6, 2019 9:12 AM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>; Goetze, Phillip, EMNRD <Phillip.Goetze@state.nm.us>
Cc: Wade, Gabriel, EMNRD <Gabriel.Wade@state.nm.us>; Jones, William V, EMNRD <WilliamV.Jones@state.nm.us>
Subject: [EXT] FW: COG Salt Cedar 16 State SWD 1 C108 Application (G-16-26s-28e)

Dear Mike or Phil:

Concho is at a critical point in needing to decide whether to hold or release a rig for this well. Concho submitted its application on August 7, 2018. If you need additional information, please let us know. If you could provide us any guidance on when this application may be reviewed, that would also be helpful for our planning purposes as well.

Thank you for your attention to this matter.

Sincerely,
Ocean

Ocean Munds-Dry
Senior Counsel
COG OPERATING LLC
1048 Paseo de Peralta
Santa Fe NM 87501
Office 505.780.8000
Cell 505.920.5201
omundsdry@concho.com



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From: Brian Collins
Sent: Wednesday, February 13, 2019 8:11 AM
To: McMillan, Michael, EMNRD
Cc: Goetze, Phillip, EMNRD; Jones, William V, EMNRD; Manish Kumar; Ocean Munds-Dry
Subject: COG Salt Cedar 16 State SWD 1 C108 Application (G-16-26s-28e)

Michael:

I'm just checking to make sure you aren't needing anything from us on the captioned C108 application (pMAM1821959783). The proposed Devonian SWD well is a replacement well for the SRO SWD 102 (Devonian, 30-015-21398, G-16-26s-28e) and will be drilled on an extension of the original SRO SWD 102 well pad. Plugging operations are underway right now on the SRO SWD 102 and will be finished next week. We plan to drill the Salt Cedar 16 State SWD 1 just as soon as we receive the approved C108 so we can get produced water off of trucks and back into pipeline on our water disposal system. Thank you.

Brian Collins

Facilities Engineer--Northern Delaware Basin
Direct: 575-748-6924, Main: 575-748-6940
COG Operating, LLC, 2208 W. Main St., Artesia, NM 88210

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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

RECEIVED

FEB 25 2019

OIL CONSERVATION DIVISION

20 South St. Francis Dr.
 Santa Fe, NM 87505

DISTRICT II-ARTESIA O.C.D.

WELL API NO. 30-015-21398
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SRO SWD
8. Well Number 102
9. OGRID Number 229137
10. Pool name or Wildcat SWD; Devonian

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

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

2. Name of Operator
COG Operating, LLC

3. Address of Operator
600 W. Illinois Ave, Midland, TX 79701

4. Well Location
 Unit Letter G : 1980 feet from the N line and 1980 feet from the E line
 Section 16 Township 26S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3024' GR

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

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

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

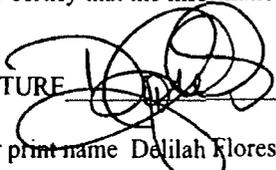
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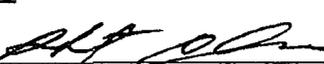
(continued on page 2)

Spud Date:

Rig Release Date: ENTERED
 Feb 26 2019

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

SIGNATURE  TITLE Regulatory Technician DATE 2/21/2019
 Type or print name Delilah Flores E-mail address: dflores2@concho.com PHONE: 575-748-6946
For State Use Only

APPROVED BY:  TITLE STAFF Mgr DATE 2/26/19
 Conditions of Approval (if any):

02/14/19 Tagged plug@ 1682'. Perdr 7" csg@ 100'. Broke circulation down the 7" & up the 9 5/8" csg. Pressured up to 1000 PSI on 13 3/8" csg. ND BOP, NU well head. Sqz'd 40 sx class C cmt@ 100' & circulated to surface on 7" & 9 5/8" csg. Rigg'd down & moved off. 02/15/19 Moved in backhoe and welder, dug out cellar, cut off well head, and verified cement to surface (Kerry Fortrier w/ NM OCD as witness). Welded on "Below Ground Dry Hole Marker". Backfilled cellar, cut off dead men, cleaned location and moved off.

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State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
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RECEIVED

FEB 25 2019

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20 South St. Francis Dr.
 Santa Fe, NM 87505

DISTRICT II-ARTESIA O.C.D.

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6. State Oil & Gas Lease No.
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TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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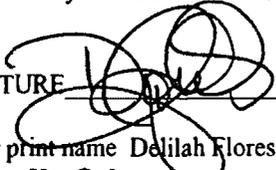
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(continued on page 2)

Spud Date:

Rig Release Date: ENTERED
 2/26/19

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

SIGNATURE 
 Type or print name Delilah Flores
For State Use Only

TITLE Regulatory Technician DATE 2/21/2019
 E-mail address: dflores2@concho.com PHONE: 575-748-6946

APPROVED BY:  TITLE Staff Mgr DATE 2/26/19
 Conditions of Approval (if any):

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State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

Ken McQueen
Cabinet Secretary

Matthias Sayer
Deputy Cabinet Secretary

David Catanach
Division Director



Response Required - Deadline Enclosed

*Underground Injection Control Program
"Protecting Our Underground Sources of Drinking Water"*

02-Nov-17

COG OPERATING LLC

One Concho Center 600 W. Illinois Ave
Midland TX 79701-9701

**LETTER OF VIOLATION and SHUT-IN DIRECTIVE
Failed Mechanical Integrity Test**

Dear Operator:

The following test(s) were performed on the listed dates on the following well(s) shown below in the test detail section.

The test(s) indicates that the well or wells failed to meet mechanical integrity standards of the New Mexico Oil Conservation Division. To comply with guidelines established by the U.S. Environmental Protection Agency, the well(s) must be shut-in immediately until it is successfully repaired. The test detail section which follows indicates preliminary findings and/or probable causes of the failure. This determination is based on a test of your well or facility by an inspector employed by the Oil Conservation Division. Additional testing during the repair operation may be necessary to properly identify the nature of the well failure.

Please notify the proper district office of the Division at least 48 hours prior to the date and time that the well(s) will be retested so the test may be witnessed by a field representative.

MECHANICAL INTEGRITY TEST DETAIL SECTION

SRO SWD	No.102		30-015-21398-00-00
		Active Salt Water Disposal Well	G-16-26S-28E
Test Date:	11/2/2017	Permitted Injection PSI:	Actual PSI: 1180
Test Reason:	Annual IMIT	Test Result: F	Repair Due: 2/5/2018
Test Type:	Bradenhead Test	FAIL TYPE: Other Internal Failure	FAIL CAUSE:
Comments on MIT:	860 on casing. Bled off a couple of bucket fulls down to 840 and closed valve. Pressure built back up to 860.		

COLT STATE SWD No.004			30-015-41401-00-00
		Active Salt Water Disposal Well	D-5-25S-28E
Test Date:	11/2/2017	Permitted Injection PSI:	Actual PSI: 410
Test Reason:	Annual IMIT	Test Result: F	Repair Due: 2/5/2018
Test Type:	Bradenhead Test	FAIL TYPE: Other Internal Failure	FAIL CAUSE:
Comments on MIT:	580psi on casing, bled down with fluid to zero, still flowing fluid. Closed valve and pressure started building up again.		

Township 26 South Range 28 East of the New Mexico Principal Meridian, New Mexico

County: Eddy - 015

BLM Field Office: Carlsbad

BUREAU OF LAND MANAGEMENT
STATUS OF PUBLIC DOMAIN
LAND AND MINERALS

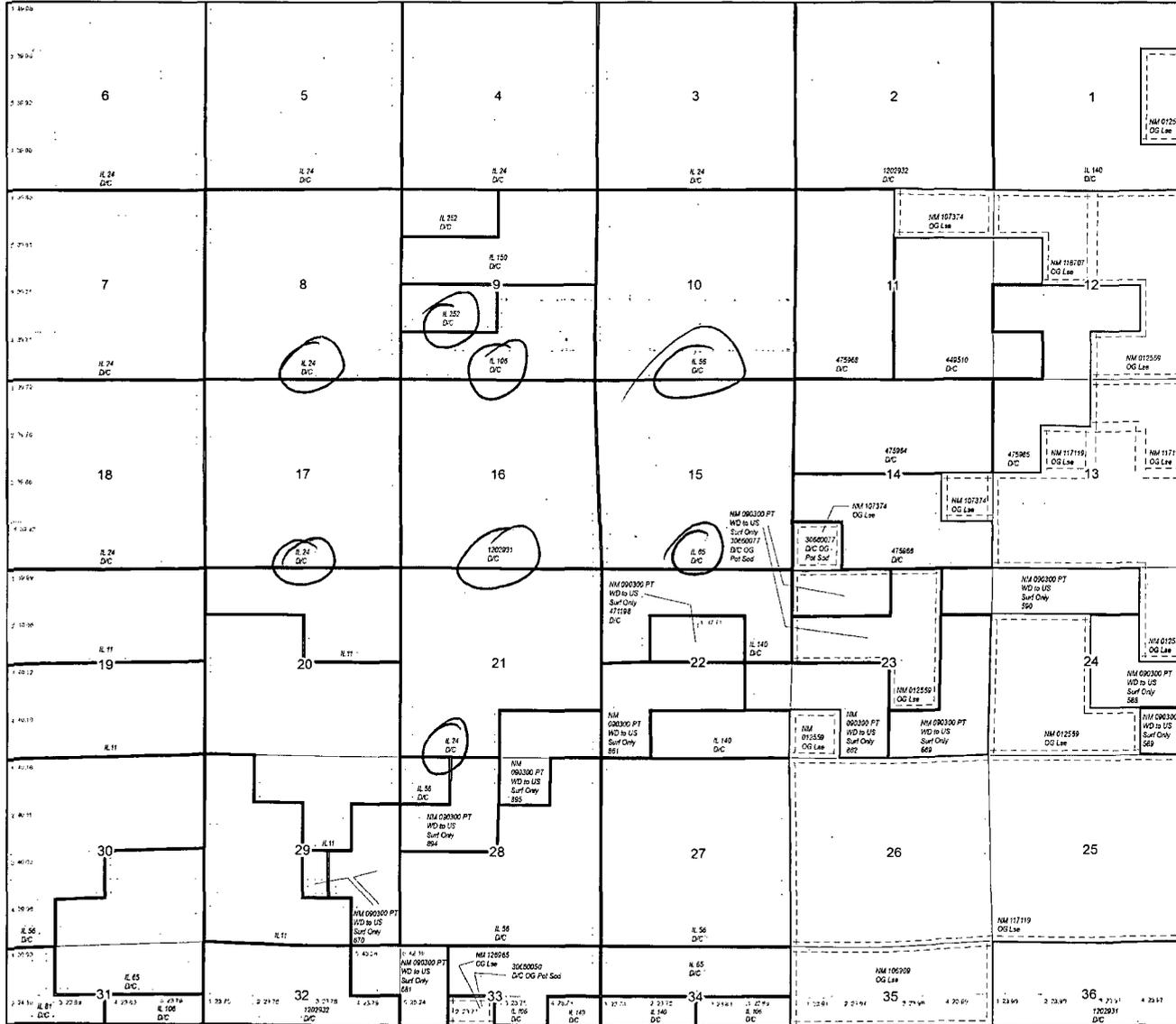
OG Plat

T26S R28E

Cl of Public Lands NM 0560202 (Cl No 30-06-01)

COMMUNITIZATION AGREEMENTS

- NM 126646
- NM 127827
- NM 128805
- NM 128871
- NM 129327
- NM 130652
- NM 130968
- NM 131079
- NM 132308
- NM 133396
- NM 134285
- NM 136397



NOTE: The Serial Numbers displayed are in the Bureau's LR2000 system format.

-If there is a zero in the 7th position (from the right), the serial number has a "prefix" zero; example NM 0012345.

-If there is not a zero in the 7th position (from the right) then the serial number does not have a "prefix" zero; example NM 012345.

For Index to Segregated Tracts, see survey plat.

0 0.25 0.5 1 Mile

1 inch = 30 chains
1:23,760

CAVEAT STATEMENT

This plat is the Bureau's Record of Title, and should be used only as a graphic display of the township survey data. Records hereon do not reflect title changes which may have been affected by lateral movements of rivers or other bodies of water. Refer to the cadastral surveys for official survey information.

T 26 S
R 28 E
NMPM