

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

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

Submit one copy to appropriate District Office

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COG Operating LLC One Concho Center, 600 W. Illinois Ave. Midland, TX 79701		² OGRID Number 229137
		³ Reason for Filing Code/ Effective Date Recomplete: 3/15/14
⁴ API Number 30 - 015-37832	⁵ Pool Name Brushy Draw; Delaware	⁶ Pool Code 8080
⁷ Property Code 308596	⁸ Property Name Big Papi Federal Com	⁹ Well Number 1H

2-18-14 AFA (13354) Corral Cyn; Bone App., So.

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North Line	Feet from the	East line	County
B	4	26S	29E		330		1980		Eddy

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	South line	Feet from the	East line	County
O	4	26S	29E		334		1826		Eddy

¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date 3/15/14	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
378421	Holly Refining & Marketing Company LLC PO BOX 159 Artesia, NM 88211-0159	O
241472	Southern Union Gas Services Ltd 301 Commerce Street, Ste 700 Fort Worth, TX 76102	G

RECEIVED
 APR 28 2014
 NMOCD ARTESIA

IV. Well Completion Data

²¹ Spud Date 10/20/10	²² Ready Date 3/15/14	²³ TD 11740'	²⁴ PBDT 6703'	²⁵ Perforations 6663'-6673'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	529'	500		
12 1/4"	9 5/8"	2850'	950		
7 7/8"	5 1/2"	11740'	1575		
	2 7/8" tbg	6476'	CIBP@6910'		

V. Well Test Data

³¹ Date New Oil 3/19/14	³² Gas Delivery Date 3/20/14	³³ Test Date 3/20/14	³⁴ Test Length 24	³⁵ Tbg. Pressure 70	³⁶ Csg. Pressure 70
³⁷ Choke Size	³⁸ Oil 33	³⁹ Water 268	⁴⁰ Gas 171	⁴¹ Test Method P	

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature: *B. Maiorino*
Printed name: Brian Maiorino
Title: Regulatory Analyst
E-mail Address: bmaiorino@concho.com
Date: 4/16/14 Phone: 432-221-0467

OIL CONSERVATION DIVISION

Approved by: *R. Wade*
Title: *District Supervisor*
Approval Date: *leave blank*

Pending BLM approvals will subsequently be reviewed and scanned

3160-4
3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
APR 28 2014
CONCHO ARTES A
WELL LOG

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			5. Lease Serial No. NMNM53231		
b. Type of Completion <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Diff. Resvr. Other _____			6. If Indian, Allottee or Tribe Name		
2. Name of Operator COG OPERATING LLC			7. Unit or CA Agreement Name and No.		
Contact: BRIAN MAIORINO E-Mail: bmaiorino@concho.com			8. Lease Name and Well No. BIG PAPI FEDERAL COM 1H		
3. Address ONE CONCHO CENTER 600 W. ILLINOIS AVE MIDLAND, TX 79701		3a. Phone No. (include area code) Ph: 432-221-0467	9. API Well No. 30-015-37832		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWNE 330FNL 1980FEL At top prod interval reported below NWNE 330FNL 1980FEL At total depth SWSE 334FSL 1826FEL			10. Field and Pool, or Exploratory BRUSHY DRAW, DELAWARE		
14. Date Spudded 10/20/2010			15. Date T.D. Reached 11/13/2010	16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/15/2014	17. Elevations (DF, KB, RT, GL)* 2975 GL
18. Total Depth: MD 11740 TVD 7387	19. Plug Back T.D.: MD 6703 TVD	20. Depth Bridge Plug Set: MD 6910 TVD			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)			22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)		

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 H40	48.0	0	529		500		0	
12.250	9.625 J55	36.0	0	2850		950		0	
7.875	5.500 N80	17.0	0	11740		1575		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	6476							

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) DELAWARE	6663	6673	6663 TO 6673		40	OPEN
B)			7384 TO 11500		325	PLUGGED OFF
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
6663 TO 6673	ACIDIZE W/1500 GAL 15%, FRAC W/6652 GAL GEL CARRYING 51020# SAND

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
03/19/2014	03/20/2014	24	→	33.0	171.0	268.0	40.0		ELECTRIC PUMPING UNIT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI	70	70.0	→	33	171	268		POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI			→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #242981 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
CAPTURED

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
				RUSTLER	746
				SALT	930
				SALT BOTTOM	2760
				DELAWARE	2955
				BONE SPRING	6745

32. Additional remarks (include plugging procedure):

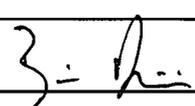
33. Circle enclosed attachments:

- 1. Electrical/Mechanical Logs (1 full set req'd.)
- 2. Geologic Report
- 3. DST Report
- 4. Directional Survey
- 5. Sundry Notice for plugging and cement verification
- 6. Core Analysis
- 7 Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

**Electronic Submission #242981 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Carlsbad**

Name (please print) BRIAN MAIORINO Title AUTHORIZED REPRESENTATIVE

Signature  (Electronic Submission) Date 04/22/2014

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.

** ORIGINAL **

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.
NMNM53231

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

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

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
BIG PAPI FEDERAL COM 1H

2. Name of Operator
COG OPERATING LLC
Contact: BRIAN MAIORINO
E-Mail: bmaiorino@concho.com

9. API Well No.
30-015-37832

3a. Address
ONE CONCHO CENTER 600 W. ILLINOIS AVE
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 432-221-0467

10. Field and Pool, or Exploratory
BRUSHY DRAW;DELAWARE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 4 T26S R29E NWNE 330FNL 1980FEL

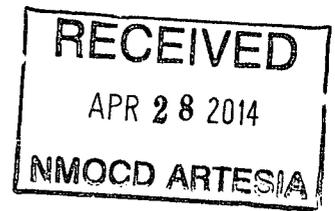
11. County or Parish, and State
EDDY COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

2/13/14 MIRU, TOH rods and pump, NU BOP
2/14/14 Set CIBP @6910', test csg to 5000#, test good
2/18/14 dumped 50 sx cl H cmt on CIBP@6910'
2/21/14 Tagged top of cmt @ 6703', perf Delaware 6663'-6673' w/40 shots, 4 spf
2/22/14 acidize perms w/1500 gal 15%, frac w/6652 gal gel carrying 38,920# 20/40 brady + 12,100#
20/40 siber prop
3/12/14 rih with power swivel, clean sand out to pbtd @ 6703'
3/13/14 RIH w/ 2-7/8"tbg, EOT @ 6476'
3/15/14 RIH w/1-1/2"x26" pr, 2',4"1" subs, 57 1"N97 rods, 64 7/8" N97 rods, 119 3/4" N97 rods,
2-1/2"x1-1/2"x24' RHBM-HVR, turned well over to production.



14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #243091 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) BRIAN MAIORINO	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 04/22/2014

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****