

# NM OIL CONSERVATION

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

ARTESIA DISTRICT

JUN 1 2015

Submit one copy to appropriate District Office

RECEIVED

☐ AMENDED REPORT

Form C-104  
Revised August 1, 2011

## I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address COG Operating LLC 2208 W. Main Street Artesia, NM 88210		<sup>2</sup> OGRID Number 229137	
		<sup>3</sup> Reason for Filing Code/ Effective Date NW	
<sup>4</sup> API Number 30 - 015-42828	<sup>5</sup> Pool Name Welch; Bone Spring		<sup>6</sup> Pool Code 64010
<sup>7</sup> Property Code 313961	<sup>8</sup> Property Name Screech Owl Federal		<sup>9</sup> Well Number 4H

## II. <sup>10</sup> Surface Location

Ul or lot no. A	Section 19	Township 26S	Range 27E	Lot Idn	Feet from the 190	North/South Line North	Feet from the 330	East/West line East	County Eddy
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## <sup>11</sup> Bottom Hole Location

Ul or lot no. P	Section 30	Township 26S	Range 27E	Lot Idn	Feet from the 354	North/South Line South	Feet from the 405	East/West line East	County Eddy
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date		<sup>17</sup> C-129 Expiration Date		

## III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
265309	Permian Transport and Trading 415 W. Wall - Ste 1000 Midland, TX 79701	O

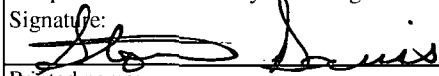
## IV. Well Completion Data

<sup>21</sup> Spud Date 1/8/15	<sup>22</sup> Ready Date 4/23/15	<sup>23</sup> TD 17323' 7498	<sup>24</sup> PBTD 17230'	<sup>25</sup> Perforations 7694-17215'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size		<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set		<sup>30</sup> Sacks Cement
17 1/2"		13 3/8"	363'		450
12 1/4"		9 5/8"	2030'		725
8 3/4"		5 1/2"	17303'		3650 (TOC @ 5950')
		2 7/8"	7655'		

## V. Well Test Data

<sup>31</sup> Date New Oil 5/4/15	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date 5/22/15	<sup>34</sup> Test Length 24 Hrs	<sup>35</sup> Tbg. Pressure 920#	<sup>36</sup> Csg. Pressure 180#
<sup>37</sup> Choke Size 43/64"	<sup>38</sup> Oil 1165	<sup>39</sup> Water 1333	<sup>40</sup> Gas 3371		<sup>41</sup> Test Method Flowing

<sup>42</sup> 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: 

Printed name:  
Stormi Davis

Title:  
Regulatory Analyst

E-mail Address:  
sdavis@concho.com

Date:  
5/26/15

Phone:  
575-748-6946

OIL CONSERVATION DIVISION

Approved by:



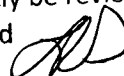
Title:



Approval Date:

6-11-2015

Pending BLM approvals will subsequently be reviewed and scanned



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## NM OIL CONSERVATION

ARTESIA DISTRICT

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

JUN 1 2015

**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.*

RECEIVED

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NNMM114970
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-748-6946		8. Well Name and No. SCREECH OWL FEDERAL 4H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T26S R27E Mer NMP NENE 190FNL 330FEL		9. API Well No. 30-015-42828
		10. Field and Pool, or Exploratory WELCH; BONE SPRING
		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 type="checkbox"/> Recomplete	<input checked="" 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 recompleat 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 recompleat 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.)

2/14/15 to 2/26/15 MIRU. Test csg to 8500#. Good test. Drill out cmt, FC, FS & 5' of new formation. Test csg to 8500#. Good test. Load & test 9 5/8" x 5 1/2" annulus to 1500# for 15 mins. Good test. Ran CBL. TOC @ 5950'. Set CBP @ 17230'. Test to 5125#. Good test. Perforate 17205-17215' (60). Injection test.

3/25/15 to 4/2/15 Perforate Bone Spring 7694-17155' (1152). Acdz w/194340 gal 7 1/2% acid. Frac w/14398941# sand & 12245074 gal fluid.

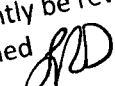
4/15/15 to 4/21/15 Drill out all frac plugs & clean down to CBP @ 17230'.

4/23/15 Set 2 7/8" 6.5# J-55 tbg @ 7655' & pkr @ 6917'.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #302790 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad</b>	
Name (Printed/Typed) STORMI DAVIS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 05/26/2015

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
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 _____

Pending BLM approvals will  
subsequently be reviewed  
and scanned 

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

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

**Additional data for EC transaction #302790 that would not fit on the form**

**32. Additional remarks, continued**

4/30/15 Began flowing back & testing.

5/4/15 Date of first production.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

5. Lease Serial No.  
NMNM114970

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator COG OPERATING LLC			8. Lease Name and Well No. SCREECH OWL FEDERAL 4H		
3. Address 2208 W MAIN ST ARTESIA, NM 88210			9. API Well No. 30-015-42828		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 19 T26S R27E Mer NMP At surface NENE 190FNL 330FEL At top prod interval reported below Sec 30 T26S R27E Mer NMP At total depth SESE 354FSL 405FEL			10. Field and Pool, or Exploratory WELCH; BONE SPRING		
14. Date Spudded 01/08/2015			15. Date T.D. Reached 01/27/2015		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 04/23/2015			17. Elevations (DF, KB, RT, GL)* 3316 GL		
18. Total Depth: MD 17323 TVD 7438		19. Plug Back T.D.: MD 17230 TVD 7444		20. Depth Bridge Plug Set: MD 17230 TVD 7444	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE			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 type="checkbox"/> No <input checked="" 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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	48.0	0	363		450		0	
12.250	9.625 J55	36.0	0	2030		725		0	
8.750	5.500 P110	17.0	0	17303		3650		5950	

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	7655	6917						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	7694	17215	7694 TO 17155	0.430	1152	OPEN
B)			17205 TO 17215		60	OPEN
C)						
D)						

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

Depth Interval	Amount and Type of Material
7694 TO 17155	SEE IN REMARKS

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
05/04/2015	05/22/2015	24	→	1165.0	3371.0	1333.0			FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
43/64		180.0	→	1165	3371	1333		POW	

28a. Production - Interval B

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

Pending BLM approvals will  
subsequently be reviewed  
and scanned

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

ELECTRONIC SUBMISSION #302810 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.)  
**FLARED**

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
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Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
LAMAR	2070	2108		TOS	365
BELL CANYON	2109	2961		BOS	1881
CHERRY CANYON	2962	4077		LAMAR	2070
BRUSHY CANYON	4078	5654		BELL CANYON	2109
BONE SPRING LM	5655	6610		CHERRY CANYON	2962
1ST BONE SPRING	6611	7371		BRUSHY CANYON	4078
2ND BONE SPRING	7372	7498		BONE SPRING LM	5655
				1ST BONE SPRING	6611

32. Additional remarks (include plugging procedure):  
**AMENDED TO CORRECT TUBING & PACKER DEPTH**

Perfs 7 1/2" Sand (#) Fluid (gal)  
 16956-17155 7032 448842 417120  
 16657-16857 5999 448090 399311  
 16358-16560 6006 450533 384594  
 16059-16258 6006 449018 390810  
 15760-15961 6024 449951 391290

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 #302810 Verified by the BLM Well Information System.  
 For COG OPERATING LLC, sent to the Carlsbad**

Name (please print) STORMI DAVIS Title REGULATORY ANALYST

Signature (Electronic Submission) Date 05/26/2015

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 \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

**Additional data for transaction #302810 that would not fit on the form**

**32. Additional remarks, continued**

15461-15665 5999 450570 389281  
15162-15359 6024 448196 390534  
14863-15063 6006 452253 387996  
14565-14764 6006 450860 386526  
14266-14465 6024 451486 384468  
13967-14168 6024 449196 383148  
13668-13869 6006 450794 382872  
13369-13568 6048 450272 376488  
13070-13269 6006 449587 379428  
12771-12970 6024 449653 375925  
12472-12672 6024 451451 375246  
12173-12373 6024 449650 527202  
11878-12074 6006 450020 373044  
11577-11775 6024 450042 372155  
11277-11476 6066 450869 375624  
10978-11179 6048 450482 371532  
10679-10878 5999 446659 371399  
10380-10578 6024 450527 367266  
10086-10280 5964 449419 369752  
9782-9981 6090 449687 369684  
9483-9683 6384 455140 367962  
9184-9384 6258 451666 365736  
8886-9085 6006 450307 366408  
8587-8781 6048 449023 365694  
8288-8488 6006 450072 363930  
7989-8183 6090 450234 362460  
7694-7889 6048 444392 360192  
Totals 194340 14398941 12245074

Additional Tops:  
2nd Bone Spring 7372

Surveys are attached.