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JUL 08 2019

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

DISTRICT IV-ARTESIA OGD

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 2208 W. Main Street Artesia, NM 88210		² OGRID Number 229137
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 015-45168	⁵ Pool Name Purple Sage; Wolfcamp (Gas)	⁶ Pool Code 98220
⁷ Property Code 322243	⁸ Property Name Littlefield 33 Federal Com	⁹ Well Number 807H

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
9	33	26S	29E		250	South	841	West	Eddy

¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	28	26S	29E		201	North	1241	West	Eddy
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 6/3/19	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
	ACC	O
	Delaware Basin Midstream 9950 Woodlock Forrest Dr The Woodlands, TX 77380	G
	Holly Refining and Marketing Co.	O

IV. Well Completion Data

²¹ Spud Date 11/10/18	²² Ready Date 6/3/19	²³ TD 17883'	²⁴ PBTD 17650'	²⁵ Perforations 10,982-17,690'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
14 3/4"	10 3/4"	578'	750		
9 7/8"	7 5/8"	10165'	2484		
6 3/4"	5 1/2"	17823'	1583		
	2 7/8"	10095			

V. Well Test Data

³¹ Date New Oil 6/3/19	³² Gas Delivery Date 6/3/19	³³ Test Date 6/3/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 3439#	³⁶ Csg. Pressure 2970#
³⁷ Choke Size 26/64"	³⁸ Oil 224	³⁹ Water 2408	⁴⁰ Gas 2582	⁴¹ Test Method Flowing	

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: *Amanda Avery*

Printed name:
Amanda Avery
Title:
Regulatory Analyst
E-mail Address:
aavery@concho.com

Date:
6/27/19
Phone:
575-748-6962

OIL CONSERVATION DIVISION	
Approved by:	<i>Karen Sharp</i>
Title:	<i>Staff Mgr</i>
Approval Date:	7-19-19
Pending BLM approvals will subsequently be reviewed and scanned	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.
NMLC065928A

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. LITTLEFIELD 33 FEDERAL COM 807H
2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY E-Mail: aavery@concho.com		9. API Well No. 30-015-45168
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6940	10. Field and Pool or Exploratory Area PURPLE SAGE; WOLFCAMP GAS
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T26S R29E Mer NMP SWNW 250FSL 841FWL 32.000803 N Lat, 103.995484 W Lon		11. County or Parish, State EDDY COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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 Hydraulic Fracture
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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

2/25/19 Test annulus to 1500# Set Composite Bridge plug @ 17,798' and test csg to 11,232#. Perf 17,773-17,783' Injection test.
3/23/19 to 4/1/19 Perf 10,982-17,690' (1368). Acdz w/61,152 gal 7 1/2%; frac w/ 13,705,514# sand & 12,507,726 gal fluid.
4/27/19 to 4/28/19 Drilled out CFP's. Clean down to PBTD @17,650'.
5/10/19 -5/12/19 Set 2 7/8" 6.5# L-80 tbg @ 10,095' packer @ 10,085'. Installed gas lift system.
6/3/19 Began flowing back & testing. Date of first production.

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DISTRICT II-ARTESIA O.C.D.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #472197 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 07/03/2019

THIS SPACE FOR FEDERAL OR STATE OFFICIAL SIGNATURE

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 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.

(Instructions on page 2)

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

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Form 3160-4
(August 2007)

JUL 08 2019

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

DISTRICT/ARTESIA/O.C.D.

1a. Type of Well Oil Well Gas Well Dry Other

b. Type of Completion New Well Work Over Deepen Plug Back Diff. Resvr.
Other _____

2. Name of Operator: COG OPERATING LLC Contact: AMANDA AVERY
E-Mail: aavery@concho.com

3. Address: 2208 W MAIN STREET ARTESIA, NM 88210 3a. Phone No. (include area code) Ph: 575-748-6940

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
At surface: SWNW Lot 9 250FSL 841FWL 32.000803 N Lat, 103.995484 W Lon
At top prod interval reported below: SWNW Lot 9 250FSL 841FWL 32.000803 N Lat, 103.995484 W Lon
At total depth: NWNW Lot D 201FNL 1241FWL 32.020593 N Lat, 103.993908 W Lon

5. Lease Serial No. NMLC065928A

6. If Indian, Allottee or Tribe Name _____

7. Unit or CA Agreement Name and No. _____

8. Lease Name and Well No. LITTLEFIELD 33 FEDERAL COM 807H

9. API Well No. 30-015-45168

10. Field and Pool, or Exploratory: PURPLE SAGE; WOLFCAMP GAS

11. Sec., T., R., M., or Block and Survey or Area: Sec 33 T26S R29E Mer NMP

12. County or Parish: EDDY 13. State: NM

14. Date Spudded: 11/10/2018 15. Date T.D. Reached: 12/05/2018 16. Date Completed: D & A Ready to Prod. 06/03/2019

17. Elevations (DF, KB, RT, GL)*: 2863 GL

18. Total Depth: MD 17883 TVD 10863 19. Plug Back T.D.: MD 17650 TVD 10863 20. Depth Bridge Plug Set: MD 17798 TVD 10863

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) _____

22. Was well cored? No Yes (Submit analysis)
Was DST run? No Yes (Submit analysis)
Directional Survey? No 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
14.750	10.750 L80	45.5	0	578		750		0	
9.875	7.625 L80	29.7	0	10165	2705	2484		0	
6.750	5.500 P110	23.0	0	17823		1583		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	10095	10085						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	10982	17690	10982 TO 17690		1368	OPEN
B)						
C)						
D)						

26. Perforation Record

Depth Interval	Amount and Type of Material
10982 TO 17690	SEE ATTACHED

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

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
06/03/2019	06/03/2019	24	→	224.0	2582.0	2408.0			GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
24/64	SI 3439	2970.0	→	224	2582	2408		PGW	

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
			→					
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	
	SI		→					

Pending BLM approvals will subsequently be reviewed and scanned

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.)
SOLD

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
LAMAR	2697			LAMAR	2697
BELL CANYON	2766			BELL CANYON	2766
CHERRY CANYON	3645			CHERRY CANYON	3645
BRUSHY CANYON	4981			BRUSHY CANYON	4981
BONE SPRING LIMESTONE	6468			BONE SPRING LIMESTONE	6468
1ST BONE SPRING	7402			1ST BONE SPRING	7402
2ND BONE SPRING	8214			2ND BONE SPRING	8214
3RD BONE SPRING	9276			3RD BONE SPRING	9276

32. Additional remarks (include plugging procedure):
WOLFCAMP 9608

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 #472199 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Carlsbad**

Name (please print) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE

Signature _____ (Electronic Submission) Date 07/03/2019

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.

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