

NSL

Initial

Application

RECEIVED: 03/05/21	REVIEWER: LRL	TYPE: NSL	APP NO: pLEL2106451522
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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: <u>COG Operating LLC</u>	OGRID Number: <u>229137</u>
Well Name: <u>Myox 4 16 State Com 706H</u>	API: <u>30-015-47927</u>
Pool: <u>Purple Sage; Wolfcamp (Gas)</u>	Pool Code: <u>98220</u>

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

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 holdersB. ☐ Royalty, overriding royalty owners, revenue ownersC. ☐ Application requires published noticeD. ☐ Notification and/or concurrent approval by SLOE. ☐ Notification and/or concurrent approval by BLMF. ☐ Surface ownerG. ☒ For all of the above, proof of notification or publication is attached, and/or,H. ☐ No notice required**FOR OCD ONLY**☐ Notice Complete
☐ 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.

Stan Wagner
 Print or Type Name

 Signature

03/05/2021
 Date

(432) 253-9685
 Phone Number

stan.s.wagner@conocophillips.com
 e-mail Address



March 5, 2021

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

RE: Application for Administrative Approval of Non-Standard Location
Myox 4 16 State Com 706H

Dear Mr. Lowe:

COG Operating LLC requests administrative approval of a non-standard location for the Myox 4 16 State Com 706H, API number 30-015-47927. The 706H well is proposed to be completed in the Purple Sage; Wolfcamp (Gas) pool, Pool Code 98220. This pool has special pool rules specifying the completed interval must be located 330 feet from the exterior boundary of the applicable spacing unit.

Approval of the non-standard completed interval will allow for efficient spacing of horizontal wells and thereby prevent waste.

The proposed completed interval is projected as follows:

Surface Location –	2115' FNL & 1540' FWL UL F Sec. 4-26S-28E Eddy County, NM
First Take Point -	2630' FSL & 550' FWL UL L Sec. 4-26S-28E
Last Take Point -	950' FNL & 330' FWL UL D Sec. 16-26S-28E
Bottom Hole -	950' FNL & 330' FWL UL D Sec. 16-26S-28E
Proposed Pool-	Purple Sage; Wolfcamp (Gas) (Pool Code 98220)

This will be a horizontal **gas** completion.

The Horizontal Spacing Unit will be 800 acres, SW/4 of Sec 4, W/2 of Sec 9, and W/2 of Sec 16-26S-28E as shown on the enclosed C-102. **The HSU defining well is the Myox 4 16 State Com 705H.**

Notification List Enclosed

If additional information is needed, please contact me at 432-253-9685 or email at stan.s.wagner@conocophillips.com.

Sincerely,

A handwritten signature in blue ink that reads "Stan Wagner".

Stan Wagner
Regulatory Advisor

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

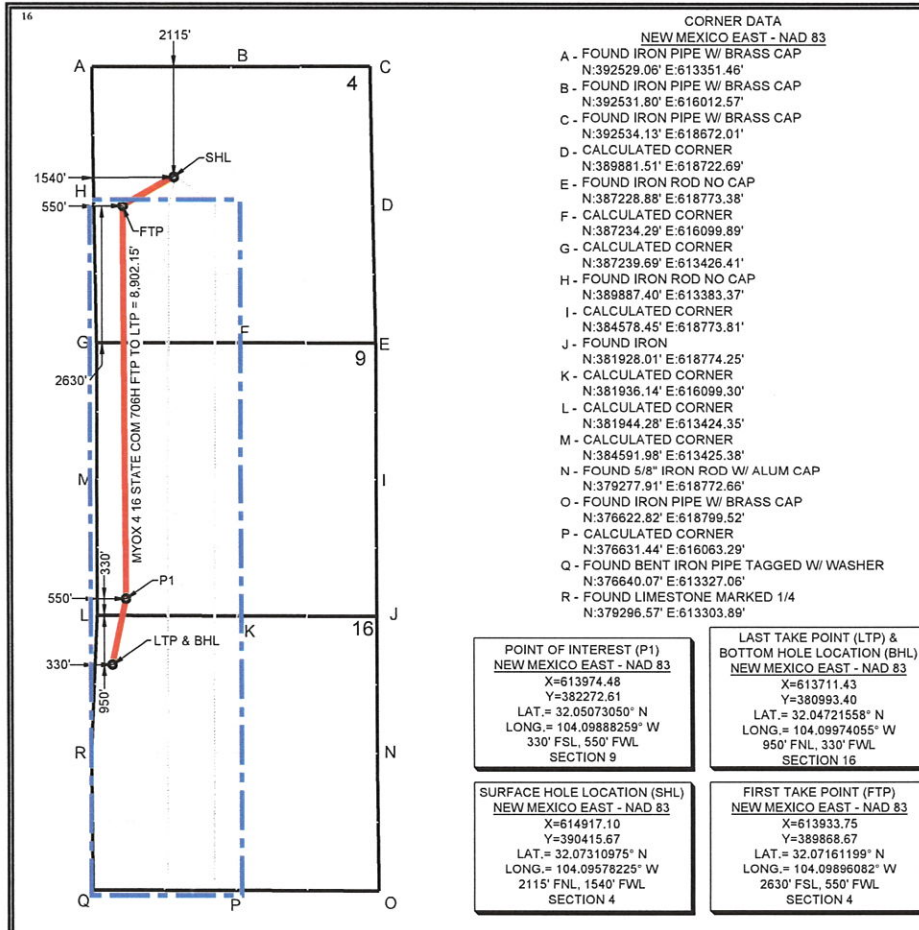
1 API Number 30-015-	2 Pool Code 98220	3 Pool Name Purple Sage; Wolfcamp (Gas)
4 Property Code	5 Property Name MYOX 4 16 STATE COM	6 Well Number 706H
7 OGRID No. 229137	8 Operator Name COG OPERATING LLC	9 Elevation 2989'

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
F	4	26-S	28-E		2115'	NORTH	1540'	WEST	EDDY

11 Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	16	26-S	28-E		950'	NORTH	330'	WEST	EDDY

12 Dedicated Acres 800	13 Joint or Infill	14 Consolidation Code	15 Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature: Stan Wagner Date: 1/11/2021
Printed Name: Stan Wagner
E-mail Address: _____

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey: _____
Signature and Seal of Professional Surveyor: Garrett J Smelker
Certificate Number: 25036
12/02/2020

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
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1220 S. St. Francis Dr., Santa Fe, NM 87505
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State of New Mexico
Energy, Minerals & Natural Resources Department
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Revised August 1, 2011
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WELL LOCATION AND ACREAGE DEDICATION PLAT

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10 Surface Location

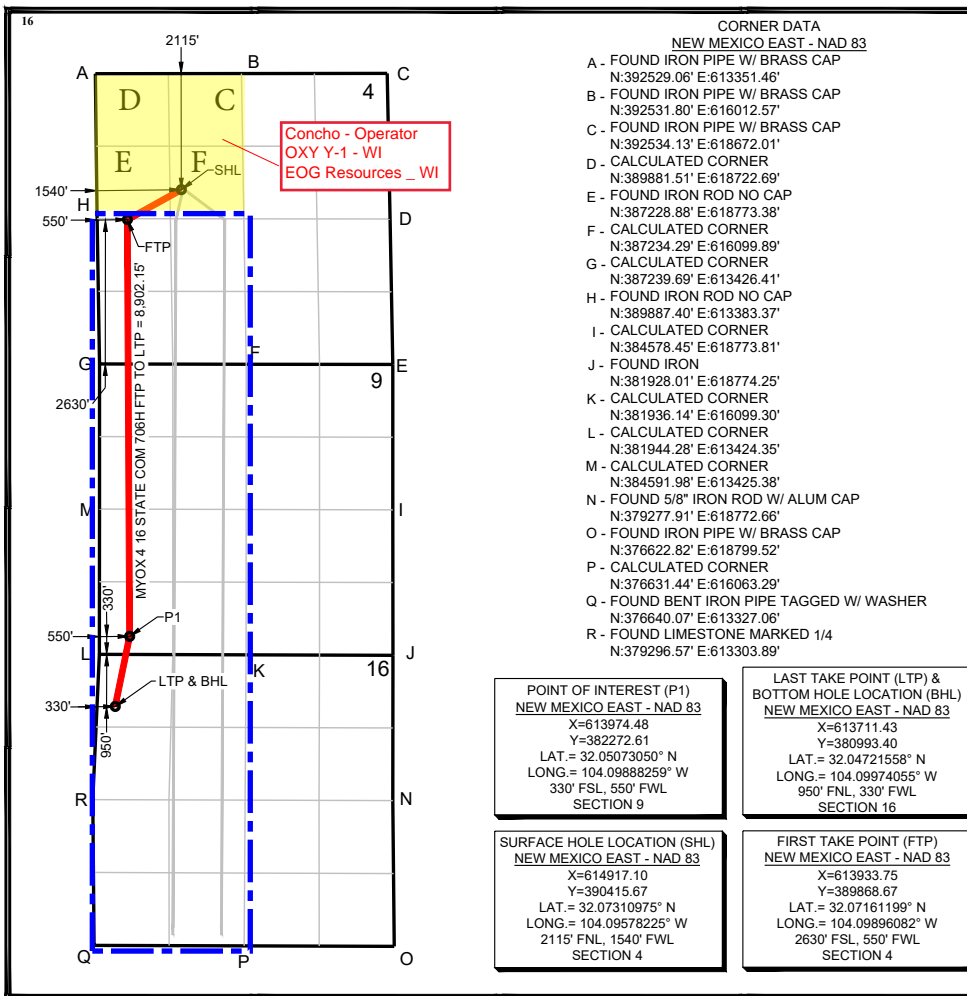
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12 Dedicated Acres 800	13 Joint or Infill	14 Consolidation Code	15 Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____

Printed Name _____

E-mail Address _____

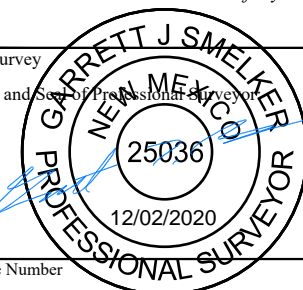
18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey _____

Signature and Seal of Professional Surveyor _____

Certificate Number _____





February 22, 2021

RE: Myox 4 16 State Com 704H, 705H & 706H (the "Wells")
Off lease and Non-Standard Location Notification

To Whom It May Concern,

In regards to the above referenced Wells, COG operating LLC ("COG") is planning to off-lease the surface locations for the wells in the NW/4 of Section 4, Township 26 South, Range 28 East, Eddy Co., NM. The FTP for each well will also be located in a non-standard location. COG is the current operator of the leasehold underlying the NW/4 of Section 4 however, in addition to COG, the following are Working Interest owners to be notified:

OXY Y-1 Company

5 Greenway Plaza, Suite 110
Houston, TX 77046

EOG Resources Inc.

5509 Champions Dr.
Midland, TX 79706

Concho Oil& Gas LLC

600 W. Illinois Ave
Midland, TX 79701

Thanks,

Lizzy Laufer (*No Signature Required*)
Landman



February 24, 2021

EOG Resources, Inc.
5509 Champions Drive
Midland, TX 79706

RE: Application for Administrative Approval of Non-Standard Location
Myox 4 16 State Com 706H

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking an Administrative Approval of a non-standard location in Section 4-T26S-R28E (FTP) of Eddy County, NM.

Should your company have any objection to this location, it must be filed in writing within 20 days from the date of this notice. No response within the 20-day notice period shall constitute an approval / waiver of protest to COG's non-standard location application.

If additional information is needed, please contact me at 432-253-9685 or email at stan.s.wagner@conocophillips.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Stan Wagner", with a long horizontal flourish extending to the right.

Stan Wagner
Regulatory Advisor



February 24, 2021

Oxy Y-1 Company
5 Greenway Plaza, Suite 110
Houston, TX 77046

RE: Application for Administrative Approval of Non-Standard Location
Myox 4 16 State Com 706H

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking an Administrative Approval of a non-standard location in Section 4-T25S-R28E (FTP) of Eddy County, NM.

Should your company have any objection to this location, it must be filed in writing within 20 days from the date of this notice. No response within the 20-day notice period shall constitute an approval / waiver of protest to COG's non-standard location application.


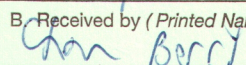
If additional information is needed, please contact me at 432-253-9685 or email at stan.s.wagner@conocophillips.com.

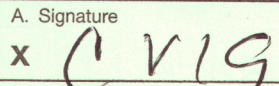
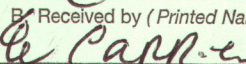
Sincerely,

A handwritten signature in blue ink that reads "Stan Wagner".

Stan Wagner
Regulatory Advisor

Date Sent	Notification Sent to:	Receipt No.
	Myox 4 16 State Com 704H	
2/24/2021	EOG Resources, INC., 5509 Champions Drive, Midland, TX 79706	91-7199-9991-7035-3278-4713
2/24/2021	OXY Y-1 Company, 5 Greenway Plaza, Suite 110, Houston, TX 77046	91-7199-9991-7035-3278-4706
	Myox 4 16 State Com 705H	
2/24/2021	EOG Resources, INC., 5509 Champions Drive, Midland, TX 79706	91-7199-9991-7035-3278-4713
2/24/2021	OXY Y-1 Company, 5 Greenway Plaza, Suite 110, Houston, TX 77046	91-7199-9991-7035-3278-4706
	Myox 4 16 State Com 706H	
2/24/2021	EOG Resources, INC., 5509 Champions Drive, Midland, TX 79706	91-7199-9991-7035-3278-4713
2/24/2021	OXY Y-1 Company, 5 Greenway Plaza, Suite 110, Houston, TX 77046	91-7199-9991-7035-3278-4706

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> EOG Resources, Inc. 5509 Champions Drive Midland, TX 79706 </div>		B. Received by (Printed Name) 	C. Date of Delivery 2-25-21
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. 91 7199 9991 7035 3278 4713			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> OXY Y-1 Company 5 Greenway Plaza, Suite 110 Houston, TX 77046 </div>		B. Received by (Printed Name) 	C. Date of Delivery 2-27-21
		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 checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
91 7199 9991 7035 3278 4706			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			