

State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

John Bemis
Cabinet Secretary

Brett F. Woods, Ph.D.
Deputy Cabinet Secretary

Jami Bailey
Division Director
Oil Conservation Division



Administrative Order SWD-1400
February 22, 2013

**ADMINISTRATIVE ORDER
OF THE OIL CONSERVATION DIVISION**

Under the provisions of 19.15.26.8B NMAC, COG Operating LLC, seeks an administrative order to utilize its proposed Corsair 2 State SWD Well No. 1 (API 30-015-NA) to be located 250 feet from the North line and 800 feet from the East line, Unit letter A of Section 2, Township 19 South, Range 31 East, NMPM, Eddy County, New Mexico, for produced water disposal purposes.

THE DIVISION DIRECTOR FINDS THAT:

The application has been duly filed under the provisions of 19.15.26.8B NMAC and satisfactory information has been provided that affected parties as defined in said rule have been notified and no objections have been received within the prescribed waiting period. The applicant has presented satisfactory evidence that all requirements prescribed in 19.15.26.8 NMAC have been met and the operator is in compliance with 19.15.5.9 NMAC.

IT IS THEREFORE ORDERED THAT:

The applicant, COG Operating LLC, is hereby authorized to utilize its proposed Corsair 2 State SWD Well No. 1 (API 30-015-NA) to be located 250 feet from the North line and 800 feet from the East line, Unit letter A of Section 2, Township 19 South, Range 31 East, NMPM, Eddy County, New Mexico, for disposal of oil field produced water (UIC Class II only) into the Devonian, Silurian, and Ordovician through an open hole interval from approximately 12900 feet to 14350 feet through internally coated tubing and a packer set within 100 feet of the permitted interval.

IT IS FURTHER ORDERED THAT:

The operator shall take all steps necessary to ensure that the disposed water enters only the approved disposal interval and is not permitted to escape to other formations or onto the surface.

After installing tubing, the casing-tubing annulus shall be loaded with an inert fluid and equipped with a pressure gauge or an approved leak detection device in order to determine leakage in the casing, tubing, or packer. The casing shall be pressure tested from the surface to the packer setting depth to assure casing integrity.

The well shall pass an initial mechanical integrity test ("MIT") prior to initially commencing disposal and prior to resuming disposal each time the disposal packer is unseated. All MIT testing procedures and schedules shall follow the requirements in Division Rule 19.15.26.11A. NMAC. The Division Director retains the right to require at any time wireline verification of completion and packer setting depths in this well.

The wellhead injection pressure on the well shall be limited to **no more than 2580 psi**. In addition, the disposal well or system shall be equipped with a pressure limiting device in workable condition which shall, at all times, limit surface tubing pressure to the maximum allowable pressure for this well.

The Director of the Division may authorize an increase in tubing pressure upon a proper showing by the operator of said well that such higher pressure will not result in migration of the disposed fluid from the target formation. Such proper showing shall be demonstrated by sufficient evidence including but not limited to an acceptable Step-Rate-Test.

The operator shall notify the supervisor of the Division's district office of the date and time of the installation of disposal equipment and of any MIT test so that the same may be inspected and witnessed. The operator shall provide written notice of the date of commencement of disposal to the Division's district office. The operator shall submit monthly reports of the disposal operations on Division Form C-115, in accordance with Division Rules 19.15.26.13 and 19.15.7.24 NMAC.

Without limitation on the duties of the operator as provided in Division Rules 19.15.29 and 19.15.30 NMAC, or otherwise, the operator shall immediately notify the Division's district office of any failure of the tubing, casing or packer in the well, or of any leakage or release of water, oil or gas from around any produced or plugged and abandoned well in the area, and shall take such measures as may be timely and necessary to correct such failure or leakage.

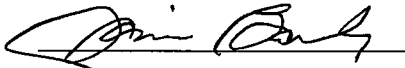
The injection authority granted under this order is not transferable except upon division approval. The division may require the operator to demonstrate mechanical integrity of any injection well that will be transferred prior to approving transfer of authority to inject.

The division may revoke this injection permit after notice and hearing if the operator is in violation of 19.15.5.9 NMAC.

The disposal authority granted herein shall terminate two years after the effective date of this order if the operator has not commenced injection operations into the subject well. One year after the last date of reported disposal into this well, the Division shall consider the well abandoned, and the authority to dispose will terminate *ipso facto*. The Division, upon written request mailed by the operator prior to the termination date, may grant an extension thereof for good cause.

Compliance with this order does not relieve the operator of the obligation to comply with other applicable federal, state or local laws or rules, or to exercise due care for the protection of fresh water, public health and safety and the environment.

Jurisdiction is retained by the Division for the entry of such further orders as may be necessary for the prevention of waste and/or protection of correlative rights or upon failure of the operator to conduct operations (1) to protect fresh or protectable waters or (2) consistent with the requirements in this order, whereupon the Division may, after notice and hearing, terminate the disposal authority granted herein.



JAMI BAILEY
Director

JB/wvjj

cc: Oil Conservation Division – Artesia District Office
State Land Office – Oil, Gas, and Minerals Division

DATE IN 1/31/13	SUSPENSE	ENGINEER WJS	LOGGED IN	TYPE SWD	APP NO. PWVJ130532922
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Lost Date
2/22/13

ABOVE THIS LINE FOR DIVISION USE ONLY

SWD
1400

NEW MEXICO OIL CONSERVATION DIVISION

- 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

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]

[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]

[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]

[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]

[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]

[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

COG Oper & UC

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication

☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☒ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

CORSAIR 2 State SWD #1
A/2 17531E/EDDY
12900' - 14300' (DEV FIL/GRD)

ESTIMATES
13050' = DEV TOP
131540' = DEV. BOT.

NO ROP
NO POTASH
NO WPP

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or ☐ Does Not Apply

[A] ☐ Working, Royalty or Overriding Royalty Interest Owners

[B] ☒ Offset Operators, Leaseholders or Surface Owner

[C] ☒ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] **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

SENIOR OPERATIONS ENGINEER
Title

Date

bcollins@concho.com
e-mail Address

21 Jan 13
5 Nov 12



RECEIVED OCD

2013 JAN 16 1:53

January 16, 2013

New Mexico Oil Conservation Division
Attn: William V. Jones
1220 South St. Francis Drive
Santa Fe, NM 87505

RE: Application For Authorization To Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
Eddy County, New Mexico

Dear Mr. Jones:

COG Operating LLC respectfully requests administrative approval for authorization to inject for the Corsair 2 State SWD #1 well as referenced above. Attached, for your review, is a copy of the C-108 application. Once we receive the newspaper publication and all certified return receipts, I will send you a copy.

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

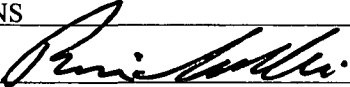
Sincerely,

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

Brian Collins
Senior Operations Engineer

BC/sw
Enclosures

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance _____ ☒ Disposal _____ Storage
Application qualifies for administrative approval? _____ ☒ Yes _____ No
- II. OPERATOR: _____ COG OPERATING LLC
ADDRESS: _____ 2208 W. Main Street, ARTESIA, NM 88210
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 _____ ☒ 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: _____ Senior Operations Engineer _____
SIGNATURE: _____  _____ DATE: _____ 5 Nov 12
21 Jan 13
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: _____

C-108 Application for Authorization to Inject
CORSAIR 2 STATE SWD #1
250' FNL, 800' FEL
Unit A, Sec. 2, T19S, R31E
Eddy County, NM

COG Operating, LLC, proposes to drill the captioned well to 14350' for salt water disposal service into the Devonian-Silurian-Ordovician from 12900' to 14350'. An APD will be submitted upon approval of this C-108.

- V. Map is attached.
- VI. No wells within the ½ mile radius area of review penetrate the proposed injection zone.
- VII.
 - 1. Proposed average daily injection rate = 7500 BWPD
Proposed maximum daily injection rate = 25000 BWPD
 - 2. Closed system
 - 3. Proposed maximum injection pressure = 2580 psi
(0.2 psi/ft. x 12900' ft.)
 - 4. Source of injected water will be Bone Spring Sand produced water. No compatibility problems are expected. Analyses of Bone Spring waters from analogous source wells are attached. No water analyses are available for the Devonian-Silurian-Ordovician receiving formations in this area.
- VIII. The injection zone is the Devonian-Silurian-Ordovician dolomite from 12900' to 14350'. Any underground water sources will be shallower than 825' (surface casing setting depth).
- IX. The Devonian-Silurian-Ordovician injection interval might be acidized with approximately 40,000 gals 20% HCl acid.
- X. Well logs, if run, will be filed with the Division. A section of the neutron-density porosity log from an analogous well 11500' to the west showing the upper part of the Devonian injection interval is attached. A mud log will be run when this section is drilled.
- 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.
- XIII. Proof of Notice is attached.

III.

WELL DATA

INJECTION WELL DATA SHEET

OPERATOR: COG Operating, LLCWELL NAME & NUMBER: Corsair 2 State SWD No. 1WELL LOCATION: 250' FNL 800' FEL A 2 19s 31e
FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGEWELLBORE SCHEMATIC

See Attached Schematic

WELL CONSTRUCTION DATASurface CasingHole Size: 17 1/2" Casing Size: 13 3/8" @ 825' ±Cemented with: - sx. or 1150 ft³Top of Cement: Surface Method Determined: CirculateIntermediate CasingHole Size: 12 1/4" Casing Size: 9 5/8" @ 3000' ±Cemented with: - sx. or 1900 ft³Top of Cement: Surface Method Determined: CirculateProduction CasingHole Size: 8 3/4" Casing Size: 7" @ 13050' ±Cemented with: - sx. or 2400 ft³Top of Cement: 2500' Method Determined: Design

Total Depth: _____

Injection Interval12900' feet to 14350'(Perforated or Open Hole indicate which)

INJECTION WELL DATA SHEET

Tubing Size: 4 1/2" Lining Material: Dynalene 20 / Glassbore

Type of Packer: Nickel plated double grip retrievable

Packer Setting Depth: ± 128.50'

Other Type of Tubing/Casing Seal (if applicable): N/A

Additional Data

1. Is this a new well drilled for injection? X Yes No

If no, for what purpose was the well originally drilled? _____

2. Name of the Injection Formation: Devonian - Silurian - Ordovician

3. Name of Field or Pool (if applicable): Shugart/Watkins

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:

Underlying: None

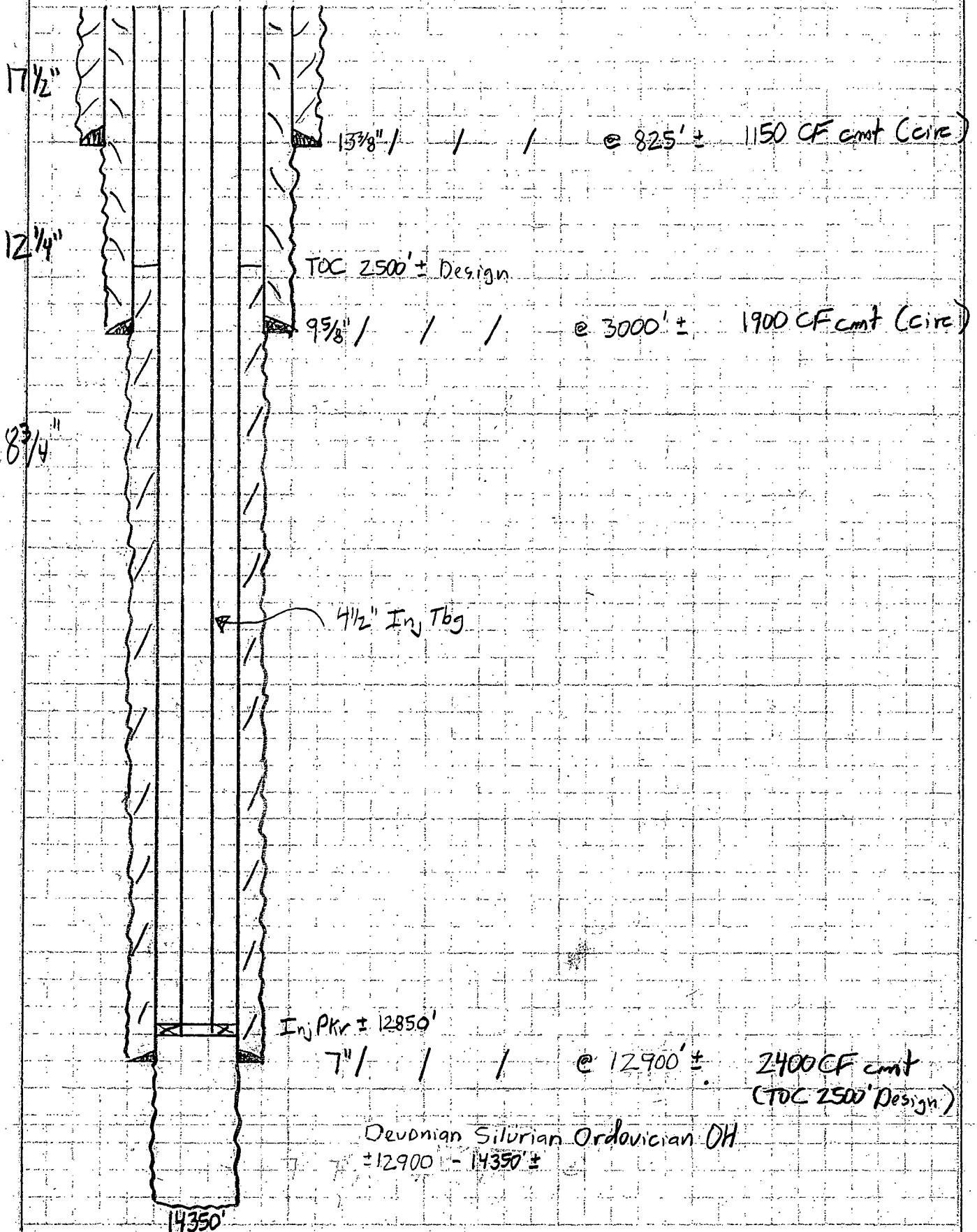
Overlying: Seven Rivers $\pm 2550-2850'$, Din / Grbg $\pm 3100-4150'$

Bone Spring $\pm 7000-9900'$, Wolfcamp $\pm 10000-10100'$

Penn $\pm 10300-10750'$, Morrow $\pm 11500-12100'$

30-015-

Corsair 2 State SWD 1
250' FNL 800' FEL
A-2-19s-31e
Eddy NM



V.

MAP

VII.

Water Analysis Produced and Receiving Formation Water

WATER SAMPLES REPRESENTATIVE OF WATER BEING INJECTED INTO THE PROPOSED SWD WELL												
Bone Spring												
Lab Test #	Lease	Location	Salesman	Date Out	Sample Date	Specific Gravity	Ionic Strength	TDS	pH	conductivity	Ca (mg/L)	Mg (mg/L)
2012104123	Lusk Deep Unit	A #23H		2/24/2012	2/10/2012	1.11	2.89	175864.37	6.40		9307.00	1462.00
2012103274	Magnum Pronto State	4H	William D Polk	2/9/2012	2/7/2012	1.12	2.91	176497.81	6.56		9713.70	1525.22
2011126701	Patterson B-52 Federal	4H	William D Polk	9/16/2011	8/17/2011	1.11	2.70	166647.70	6.50		8905.26	1281.11

TH (CaCO3)	Na (mg/L)	K (mg/L)	Zn (mg/L)	Fe (mg/L)	Ba (mg/L)	Sr (mg/L)	Mn (mg/L)	Resistivity	HCO3 (mg/L)	CO3 (mg/L)	OH (mg/L)	SO4 (mg/L)	Cl (mg/L)	CO2 (mg/L)	H2S (mg/L)
29671.91	58163.00	1280.00		56.00	0.29	334.00	2.28		109.80	0.00		1050.00	104100.00	240.00	0.00
30925.66	60247.32	1260.33	67.49	46.13	1.47	312.65	1.50		122.00	0.00		1100.00	102100.00	150.00	0.00
27853.36	50627.64	1179.02	64.08	28.77	7.78	268.77	1.28		134.00	0.00		1150.00	103000.00	160.00	0.00

X.

**Log Across Proposed
Delaware Sand
Injection Interval**

COMPENSATED NEUTRON FORMATION DENSITY

COMPANY GULF OIL EXPLORATION AND
PRODUCTION COMPANY

WELL SOUTH SHUGART DEEP FEDERAL UNIT #1

FIELD WILDCAT Dev.

COUNTY EDDY STATE NEW MEXICO

LOCATION	760' FWL & 1980' FWL,			
API SERIAL NO.	SEC.	TWP	RANGE	
73938	4	19-S	31-E	

Other Services:
DLL/MSFL
BHC
MONITOR

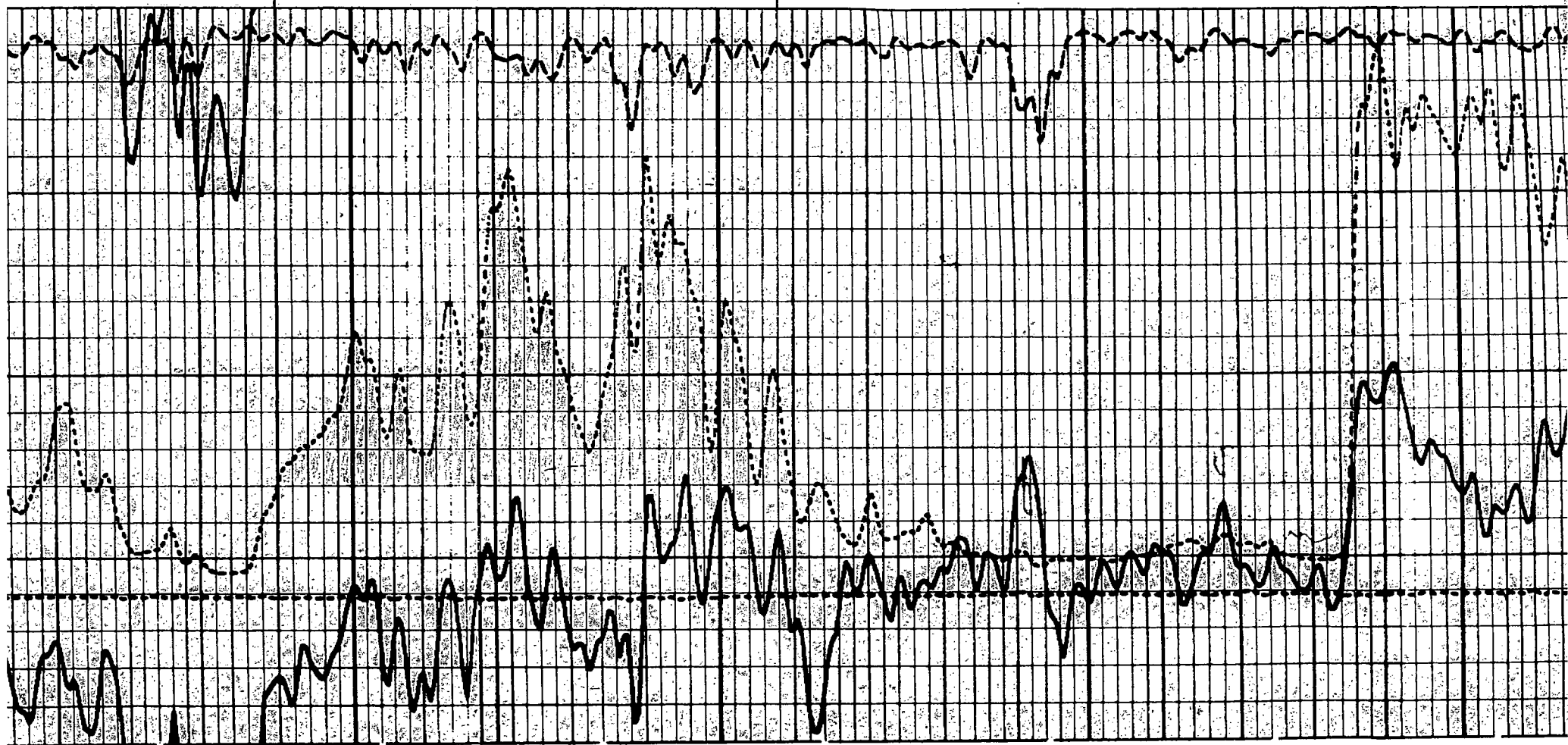
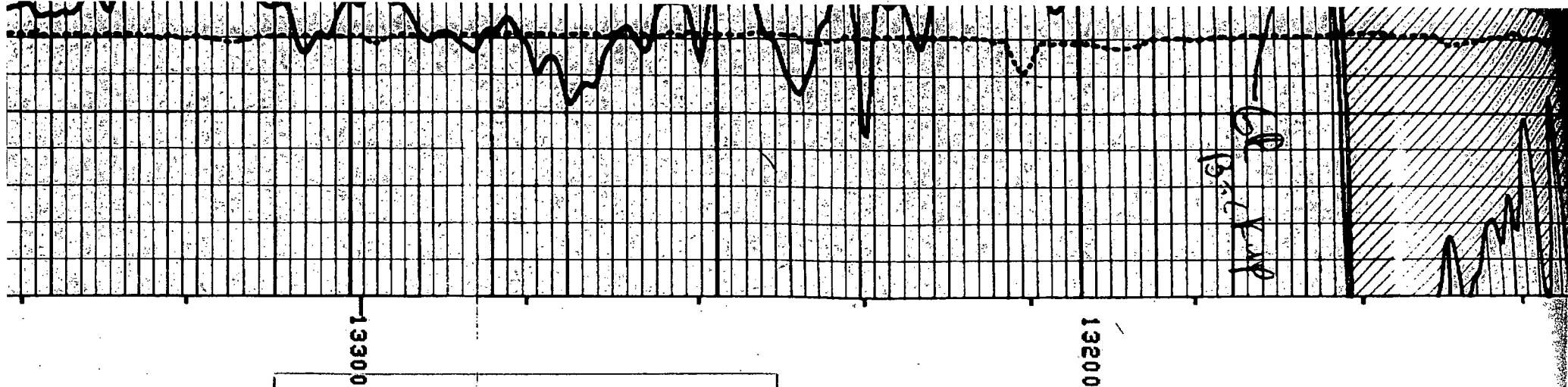
at Datum: G.L. Elevation: 3586
 Measured From K.B. 19 Ft. Above Perm. Datum
 Measured From K.B.

Elev.: K.S. 3605
D.F. _____
G.L. 3586

[illegible]

The well name, location and borehole reference data were furnished by the customer.

NO.	ONE	Type Log	Depth
Order No.	267590		
ave.	FULL		
PPM CL	180000		
F.P.M.	30		
INSTRUMENT DATA			
Panel	608		
Control	8194		
Kid.	92		
Sonde	533		
Source	3425		
Calibrator	327		
Panel	608		
Control	1467		
Source	8174		
Calibrator	1161		
T.	8194		
User Panel	1114		
Recorder (TTR)	3876		
Encoder (DRE)	D81		
Wheel (CPW)			
Type	NONSPRING		
No.	1		
Size (Inches)	5.0		
RATION DATA			
BKG. CPS	24		
Source CPS	176		
Sens. - Cal	163		
T.C. - Cal	DC-1		
Spading Before Log	1756		



FR (CART)

FR (CART)

FR (CART)

FR (CART)

13500

13400

FR (CART)

FR (CART)

AP

PCNL

EDX

FR (CART)

XI.

Fresh Water Sample Analyses



(with Ownership Information)

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

Source	q 6414	q 16	q 35	q 18S	q 31E	X	Y
	4	1	3	35	18S 31E	608279	3618730
	1	1	4	35	18S 31E	608854	3619056

Wells permitted
to check chloride
levels in soil.

Not permitted for water production.

Record Count: 2

PLSS Search:

Section(s): 34-36

Township: 18S Range: 31E

Sorted by: File Number

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.



New Mexico Office of the State Engineer

Transaction Summary

EXPL Permit To Explore

Transaction Number: 499844

Transaction Desc: CP 01076 (2
EXPLORATORY
WELLS)

File Date: 02/23/2012


Primary Status: PMT Permit

Secondary Status: APR Approved

Person Assigned: *****

Agent: AMERICO ENERGY
Contact: JOHN ABLE

Events

	Date	Type	Description	Comment	Processed By
	02/23/2012	APP	Application Received	*	*****
	03/29/2012	FTN	Finalize non-published Trans.		*****
	10/24/2012	QAT	Quality Assurance Completed	IMAGES	*****

Water Right Information

WR File Nbr	Acres	Diversion	Consumptive	Purpose of Use
CP 01076	0	0		EXP EXPLORATION
**Point of Diversion				
CP 01076 POD1		608279	3618730	
CP 01076 POD2		608855	3619056	

Remarks

POD 1 - DRILLING TO FIND CHLORIDE DEPTH FOLLOWING PRODUCED WATER LINE LEAK. POD 2 - DRILLING TO FIND FINAL DEPTH OF THE CHLORIDES.

Conditions

- 4 No water shall be appropriated and beneficially used under this permit.
- B The well shall be drilled by a driller licensed in the State of New Mexico in accordance with Section 72-12-12 New Mexico Statutes Annotated.
- C Driller's well record must be filed with the State Engineer within 20 days after the well is drilled or driven. Well record forms will be provided by the State Engineer upon request.

Action of the State Engineer

**** Please see images for long conditions ****

Approval Code: A - Approved

Action Date: 03/29/2012

Log Due Date: 03/31/2013

State Engineer: Scott A. Verhines, P.

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.



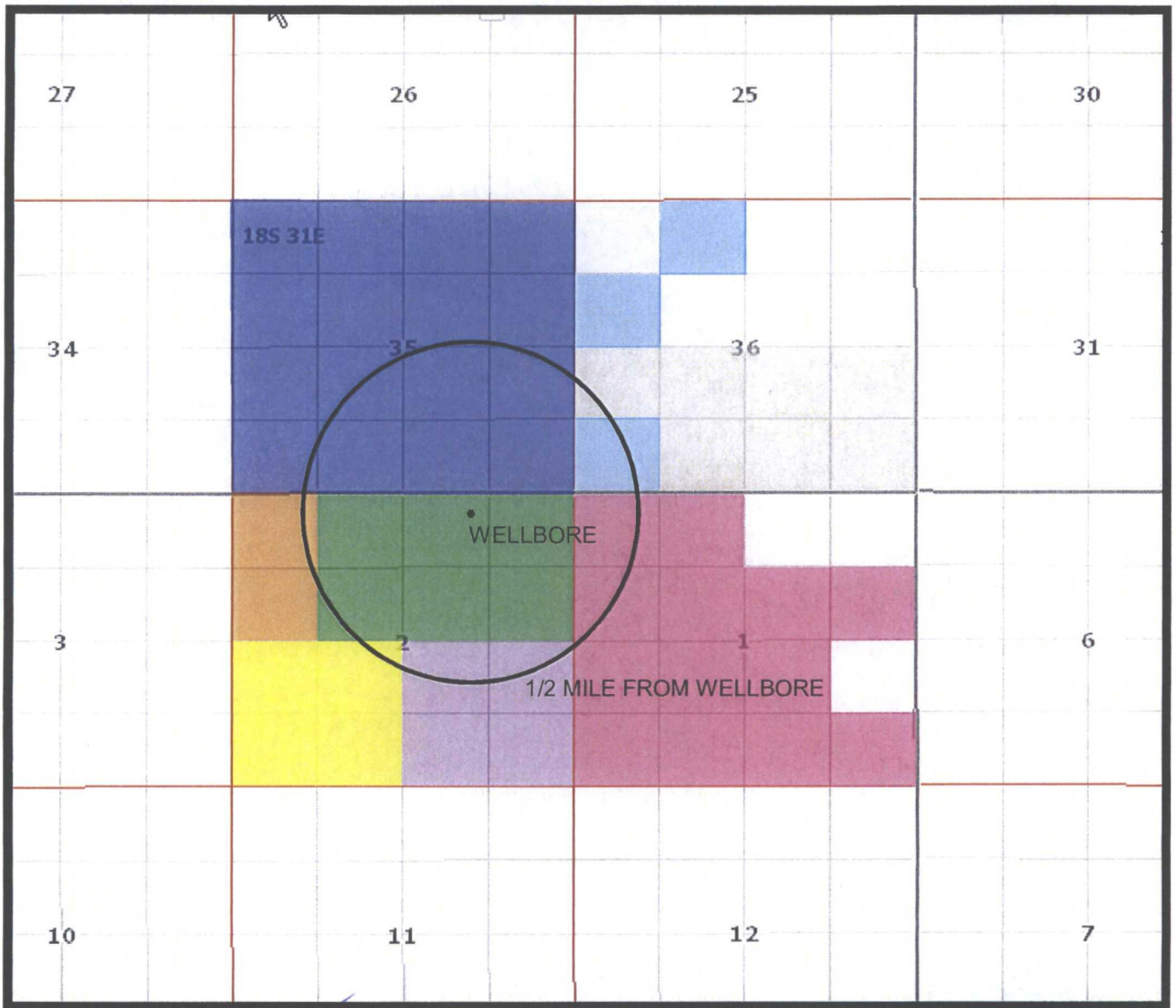
New Mexico Office of the State Engineer
Active & Inactive Points of Diversion
(with Ownership Information)

No PODs found.

PLSS Search:

Section(s): 1, 2, 3, 10, 11,
12 **Township:** 19S **Range:** 31E

Corsair 2 State SWD No.1
A - Sec 2 - T19s-R31e
Eddy County, New Mexico



18-31 INC. ✓



Kenneth R. & Marie Wade ✓



Eastland Exploration ✓



Jessica Wilma Cook ✓
 Jan Maxwell Killen ✓
 Perry C Maxwell Jr. ✓



Conocophillips/OXY USA WTP ✓



COG Operating LLC



Nadel and Gussman Permian, LLC ✓



Harvey E Yates Company ✓



January 16, 2013

New Mexico Oil Conservation Division
Attn: William V. Jones
1220 South St. Francis Drive
Santa Fe, NM 87505

RE: Application For Authorization To Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
Eddy County, New Mexico

Dear Mr. Jones:

COG Operating LLC respectfully requests administrative approval for authorization to inject for the Corsair 2 State SWD #1 well as referenced above. Attached, for your review, is a copy of the C-108 application. Once we receive the newspaper publication and all certified return receipts, I will send you a copy.

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

Sincerely,

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

Brian Collins
Senior Operations Engineer

BC/sw
Enclosures



January 16, 2013

Oil Conservation Division
Attn: Richard Inge
811 South 1st St.
Artesia, NM 88210

RE: Application For Authorization To Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
Eddy County, New Mexico

Dear Mr. Inge:

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Brian Collins
Senior Operations Engineer

BC/sw
Enclosures



January 16, 2013

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

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
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 an operator or surface owner. 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
Senior Operations Engineer

BC/bg
Enclosures



January 16, 2013

18-31 Inc.
P O Box 1120
Roswell, NM 88202-1120

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
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 black ink, appearing to read "Brian Collins".

Brian Collins
Senior Operations Engineer

BC/sw
Enclosures



January 16, 2013

HEYCO
P O Box 1933
Roswell, NM 88201

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
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 an operator or surface owner. 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
Senior Operations Engineer

BC/sw
Enclosures



January 16, 2013

Kenneth R. & Marie Wade
P O Box 247
Fredricksburg, TX 78624

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
Eddy County, New Mexico

To Whom It May Concern:

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Sincerely,

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Brian Collins
Senior Operations Engineer

BC/sw
Enclosures



January 16, 2013

Conocophillips/Oxy USA WTP, L.P.
P O Box 7500
Bartlesville, OK 74005

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
Eddy County, New Mexico

To Whom It May Concern:

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Sincerely,

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Brian Collins
Senior Operations Engineer

BC/sw
Enclosures



January 16, 2013

Eastland Exploration
P O Drawer 3488
Midland, TX 79702

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
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,

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

Brian Collins
Senior Operations Engineer

BC/sw
Enclosures



January 16, 2013

Nadel and Gussman Permian, LLC
Attn: Kathy Garrow
601 N. Marienfeld, Suite 508
Midland, TX 79701

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
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 an operator or surface owner. 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 cursive script, appearing to read "Brian Collins".

Brian Collins
Senior Operations Engineer

BC/sw



January 16, 2013

Jessica Wilma Cook
805 N. Richardson
Roswell, NM 88201

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
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 an operator or surface owner. 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
Senior Operations Engineer

BC/sw
Enclosures



January 16, 2013

Jan Maxwell Killen
901 Olde Towne Dr
Irving, TX 75061

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
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 an operator or surface owner. 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 cursive script, appearing to read "Brian Collins".

Brian Collins
Senior Operations Engineer

BC/sw
Enclosures



January 16, 2013

Perry C. Maxwell, Jr.
1712 Hillcrest Dr
Irving, TX 75602

Re: Application to Inject
Corsair 2 State SWD No. 1
Township 19 South, Range 31 East, N.M.P.M.
Section 2: 250' FNL & 800' FEL
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 an operator or surface owner. 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,

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Brian Collins
Senior Operations Engineer

BC/sw
Enclosures

English

Customer Service

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Search USPS.com or Track Packages

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Ship a Package

Send Mail

Manage Your Mail

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Track & Confirm

GET EMAIL UPDATES

PRINT DETAILS

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70122210000171088589		Delivered	January 30, 2013, 10:49 am	SANTA FE, NM 87505	Certified Mail™
Hide Details	Bill Jones nm QCD mailed 1-25-13				
		Depart USPS Sort Facility	January 30, 2013	ALBUQUERQUE, NM 87101	
		Processed through USPS Sort Facility	January 30, 2013, 1:37 am	ALBUQUERQUE, NM 87101	
70122210000171088503		Delivered	February 08, 2013, 8:59 am	AUSTIN, TX 78710	Certified Mail™
Hide Details	Kenneth E Marie Wade mailed 1-25-13				
		Notice Left (No Authorized Recipient Available)	February 07, 2013, 11:30 am	AUSTIN, TX 73301	
		Arrival at Unit	February 05, 2013, 6:43 pm	AUSTIN, TX 78710	
		Processed through USPS Sort Facility	February 05, 2013, 5:03 pm	AUSTIN, TX 78710	
70122210000171088480		Delivered	January 29, 2013, 10:37 am	ROSWELL, NM 88201	Certified Mail™
Hide Details	18-31 INC mailed 1-25-13				
		Notice Left (No Authorized Recipient Available)	January 29, 2013, 9:37 am	ROSWELL, NM 88202	
		Arrival at Unit	January 29, 2013, 5:46 am	ROSWELL, NM 88203	
70122210000171088497		Delivered	January 30, 2013, 9:25 am	ROSWELL, NM 88202	Certified Mail™
Hide Details	Hexco mailed 1-25-13				
		Notice Left (No Authorized Recipient Available)	January 29, 2013, 9:37 am	ROSWELL, NM 88202	
		Arrival at Unit	January 29, 2013, 5:46 am	ROSWELL, NM 88203	
70122210000171088510		Delivered	February 04, 2013, 8:17 am	BARTLESVILLE, OK 74005	Certified Mail™
Hide Details	Conoco/Phillips mailed 1-25-13				
		Arrival at Unit	February 04, 2013, 7:59 am	BARTLESVILLE, OK 74003	
		Processed through USPS Sort Facility	February 04, 2013, 1:34 am	TULSA, OK 74141	
		Depart USPS Sort Facility	February 02, 2013	TULSA, OK 74141	
		Processed through USPS Sort Facility	February 02, 2013, 1:39 am	TULSA, OK 74141	
70122210000171088527		Delivered	February 08, 2013, 1:11 pm	MIDLAND, TX 79702	Certified Mail™
Hide Details	Eastland Expl. mailed 1-25-13				
		Notice Left	February 05, 2013, 7:38 am	MIDLAND, TX 79702	

Affidavit of Publication

NO.

22445

STATE OF NEW MEXICO

County of Eddy:

Danny Scott

being duly sworn, says that he is the

Publisher

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 Notice

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/days on the same day as follows:

First Publication

January 31, 2013

Second Publication

Third Publication

Fourth Publication

Fifth Publication

Subscribed and sworn to before me this

31st day of

January

2013



OFFICIAL SEAL

Latisha Romine

NOTARY PUBLIC-STATE OF NEW MEXICO

My commission expires: 5/12/2015

Latisha Romine

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 Corsair 2 State SWD No. 1 is located 250' FNL and 800' FEL, Sec. 2, Township 19 South, Range 31 East, Eddy County, New Mexico. Disposal water will be sourced from area wells producing from the Bone Spring formation. The disposal water will be injected into the Devonian-Silurian-Ordovician formation at a depth of 12900-14350' at a maximum surface pressure of 2580 psi and a maximum rate of 25,000 BWPD. This well is located approximately 28 miles northeast of Carlsbad. 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, 87505, 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., Jan. 31, 2013. Legal No 22445.

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
		Arrival at Unit	January 29, 2013, 9:16 am	MIDLAND, TX 79701	
70122210000171088534		Delivered	January 30, 2013, 11:35 am	MIDLAND, TX 79701	Certified Mail™
Hide Details	Nadel, E. Gossman mailed 1-25-13				
		Notice Left	January 29, 2013, 11:28 am	MIDLAND, TX 79701	
		Arrival at Unit	January 29, 2013, 6:21 am	MIDLAND, TX 79701	
70122210000171088558		Delivered	January 31, 2013, 12:25 pm	IRVING, TX 75061	Certified Mail™
Hide Details	Jan Maxwell Killen mailed 1-25-13				
		Depart USPS Sort Facility	January 31, 2013	COPPELL, TX 75089	
		Processed through USPS Sort Facility	January 31, 2013, 4:22 am	COPPELL, TX 75089	
70122210000171088596		Delivered	January 30, 2013, 11:43 am	SANTA FE, NM 87501	Certified Mail™
Hide Details	nm state land office mailed 1-25-13				
		Depart USPS Sort Facility	January 30, 2013	ALBUQUERQUE, NM 87101	
		Processed through USPS Sort Facility	January 30, 2013, 12:52 am	ALBUQUERQUE, NM 87101	
70122210000171088541		Delivered	February 07, 2013, 1:00 pm	ARTESIA, NM 88210	Certified Mail™
Hide Details	Jessica Wilma Cook mailed 1-25-13 Ret 2-4-13				
		Addressee Unknown	January 29, 2013, 5:50 pm	ROSWELL, NM	
		Undeliverable as Addressed	January 29, 2013, 1:34 pm	ROSWELL, NM 88201	
		Arrival at Unit	January 29, 2013, 5:48 am	ROSWELL, NM 88203	

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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. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <div style="display: flex; justify-content: space-between;"> H. T. Lopez C. Date of Delivery </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">Attn: William V. Jones NM Oil Conservation Division 1220 S. St. Francis Drive Santa Fe, NM 87505</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 2210 0001 7108 8589</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">18-31 Inc. P O Box 1120 Roswell, NM 88201-1120</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 2210 0001 7108 8480</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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. 	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p> <p>B. Received by (Printed Name) <div style="display: flex; justify-content: space-between;"> C. Date of Delivery </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-top: 20px;">Kenneth R. & Marie Wade P O Box 247 Fredricksburg, TX 78624</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 2210 0001 7108 8503</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">HEYCO P O Box 1933 Roswell, NM 88201</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7012 2210 0001 7108 8497</p>	
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. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Conocophillips/Oxy USA WTP P O Box 7500 Bartlesville, OK 74005</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7012 2210 0001 7108 8510</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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<p>1. Article Addressed to:</p> <p style="text-align: center;">Eastland Exploration P O Drawer 3488 Midland, TX 79702</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7012 2210 0001 7108 8527</p>	
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. 	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Stacey L. Peck</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="width: 60%;"> B. Received by (Printed Name) <i>Stacey L. Peck</i> </div> <div style="width: 35%;"> C. Date of Delivery <i>1-10-13</i> </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </div>
1. Article Addressed to: <div style="text-align: center; padding: 10px;"> Nadel and Gussman Permian Attn: Kathy Garrow 601 N. Marienfeld, Suite 508 Midland, TX 79701 </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </div>
2. Article Number <i>(Transfer from service label)</i> 7012 2210 0001 7108 8534	
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. 	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> A. Signature <div style="display: flex; justify-content: space-between;"> X <i>Jan Maxwell Killen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="width: 60%;"> B. Received by (Printed Name) </div> <div style="width: 35%;"> C. Date of Delivery <i>1-31-13</i> </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </div>
1. Article Addressed to: <div style="text-align: center; padding: 10px;"> Jan Maxwell Killen 901 Olde Towne Dr. Irving, TX 75061 </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </div>
2. Article Number <i>(Transfer from service label)</i> 7012 2210 0001 7108 8558	
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. 	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> A. Signature <div style="display: flex; justify-content: space-between;"> X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="width: 60%;"> B. Received by (Printed Name) </div> <div style="width: 35%;"> C. Date of Delivery </div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </div>
1. Article Addressed to: <div style="text-align: center; padding: 10px;"> NM State Land Office 310 Old Santa Fe Trail Santa Fe, NM 87501 </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </div>
2. Article Number <i>(Transfer from service label)</i> 7012 2210 0001 7108 8596	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

UNITED STATES
02 1P
\$ 007.00
0003184434 JAN 28 2013
MAILED FROM ZIP CODE 88210

7012 2210 0001 7108 8541

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Jessica Wilma Cook
805 N. Richardson
Roswell, NM 88201

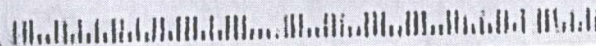
2. Article Number
(Transfer from service label)

PS NIXIE

882012085-1N

02/04/13

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
RETURN TO SENDER



CONCHO

2208 West Main Street
Artesia, New Mexico 88210

Jessica Wilma Cook
805 N. Richardson
Roswell, NM 88201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ 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

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-154



January 16, 2013

Artesia Daily Press
P. O. Box 190
Artesia, NM 88211-0190

**RE: Legal Notice
Salt Water Disposal Well
Corsair 2 State SWD No. 1**

Gentlemen:

Enclosed is a legal notice regarding New Mexico Oil Conservation Division C-108
Application for Authorization to Inject for a salt water disposal well.

Please run this notice and return the proof of notice to the undersigned at

COG Operating, LLC, 2208 W. Main St., Artesia, NM 88210.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Collins", written over a horizontal line.

Brian Collins
Senior Operations Engineer

BC/sd

enclosure

ARTESIA DAILY PRESS
LEGAL NOTICES

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 Corsair 2 State SWD No. 1 is located 250' FNL and 800' FEL, Sec. 2, Township 19 South, Range 31 East, Eddy County, New Mexico. Disposal water will be sourced from area wells producing from the Bone Spring formation. The disposal water will be injected into the Devonian-Silurian-Ordovician formation at a depth of 12900-14350' at a maximum surface pressure of 2580 psi and a maximum rate of 25,000 BWPD. This well is located approximately 28 miles northeast of Carlsbad. 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, 87505, 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, New Mexico
_____, 2013.

Jones, William V., EMNRD

From: Jones, William V., EMNRD
Sent: Friday, February 22, 2013 2:35 PM
To: 'Bobbie Goodloe'
Cc: Brian Collins; Ezeanyim, Richard, EMNRD; Goetze, Phillip, EMNRD
Subject: Disposal application from COG Operating LLC: proposed Corsair 2 State SWD #1
A/2/19S/31E/Eddy

Hello Bobbie,

I am looking over this application and only need for you to certify the date the notices were mailed out – this way we can be sure the 15 day wait period is over.

You could do it either by sending copies of the notice mailers with the dates clearly marked on them or write down the certified receipt number beside the entity name and the date it was mailed.

Also the actual newspaper notice.

Otherwise all looks OK on Mr. Brian's application,

Thank You,

Will

Injection Permit Checklist: Received 1/31/13 First Email Date: 2/12/13 Final Reply Date: 2/22/13 Final Notice Date: 1/31/13

Issued Permit: Type: WFX/PMX/SWD, Number: 1400 Permit Date 2/26/13 (Legacy Permit: —)

Wells 1 Well Name(s): CORSAIR 2 STATE SWD #1

API Num: 30-015- Spud Date: Not Yet New/Old: N (UIC CI II Primacy March 7, 1982)

Footages: 250 FNL/800 FEL Lot — Unit A Sec 2 Tsp 19S Rge 31E County EDDY

General Location or Pool Area:

Operator: COG OPERATING LLC Contact BRIAN COLLINS

OGRID: 229137 RULE 5.9 Compliance (Wells) 8756 (Finan Assur) OK IS 5.9 OK? OK

Well File Reviewed — Current Status:

Planned Work to Well:

Diagrams: Before Conversion — After Conversion — Are Elogs in Imaging?: Not Yet

Well Details:	Sizes Hole.....Pipe	Setting Depths	Stage Tool	Cement Sx or Cf	Cement Top and Determination Method
Planned <input checked="" type="checkbox"/> or Existing <u>—</u> Surface	<u>17 1/2 - 13 5/8</u>	<u>825</u>	<u>—</u>	<u>1500 CF</u>	<u>CIRC</u>
Planned <input checked="" type="checkbox"/> or Existing <u>—</u> Interm	<u>12 1/4 - 9 5/8</u>	<u>3000</u>	<u>—</u>	<u>1900 CF</u>	<u>CIRC</u>
Planned <input checked="" type="checkbox"/> or Existing <u>—</u> LongSt	<u>8 3/4 - 7</u>	<u>212900</u>	<u>?</u>	<u>2400 CF</u>	<u>2500'</u>
Planned <u>—</u> or Existing <u>—</u> Liner					
Planned <input checked="" type="checkbox"/> or Existing <u>—</u> OpenHole		<u>212900 - 14350</u>			

Depths/Formations:	Depths, Ft.	Formation	Tops?
Above			
Above	<u>13050</u>	<u>Dev</u>	<input checked="" type="checkbox"/>
Proposed Interval TOP:	<u>212900</u>	<u>Dev sil</u>	
Proposed Interval BOTTOM:	<u>14350</u>	<u>ORD</u>	
Below	<u>13540</u>	<u>SIL</u>	<input checked="" type="checkbox"/>
Below			

Max. PSI <u>2580</u>	Open Hole <input checked="" type="checkbox"/>	Perfs <u>—</u>
Tubing Size <u>1/2</u>	Packer Depth <u>12850</u>	

Capitan Reef? (in thru) — Potash? Noticed? WIPP? Noticed? Salado Top — Bot — Cliff House? —

Fresh Water: Max Depth: 825 FW Formation — Wells? None Analysis? — Affirmative Statement ☒

Disposal Fluid: Formation Source(s) Bone SPRING On Lease — Only from Operator — or Commercial —

Disposal Interval: Protectable Waters? Will H/C Potential: Log — Mudlog — DST — /Tested — /Depleted — Other —

Notice: Newspaper Date 1/31/13 Mineral Owner — Surface Owner SLO N. Date 1/25

RULE 26.7(A) Identified Tracts? ☒ Affected Persons: NIE/HETO/OP/WY/1231/W20/LTC N. Date 1/25

AOR: Maps? ☒ Well List? ☒ Producing in Interval? NO Formerly Produced in Interval? NO

Penetrating.....No. Active Wells 0 Num Repairs? 0 on which well(s)? —

Penetrating.....No. P&Aed Wells 0 Num Repairs? 0 on which well(s)? — Diagrams? —

Permit Conditions:

Issues:

Issues:

Issues: