

DEC 20 2018 PM 04:44

Revised March 23, 2017

RECEIVED: 12/20/2018	REVIEWER: MAN	TYPE: OLM	APP NO: DHAM18354 60391
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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: COG OPERATING, LLC**OGRID Number:** 229137**Well Name:** PUDGE FEDERAL #21H**API:** 30-015-45045**Pool:** ROCKSPUR; BONE SPRING**Pool Code:** 52775

**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.

BOBBIE J GOODLOE

Print or Type Name

Signature

 12-20-18
 Date

575-748-6952

Phone Number

bgoodloe@concho.com

e-mail Address



December 20, 2018

Attn: Michael McMillan
NM Oil Conservation Division
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

Re: Application for Administrative Approval
Off-lease Measurement – Oil and Gas

Dear Mr. McMillan,

COG Operating, LLC, respectfully requests approval for Off-lease Measurement for both oil and gas for the following well:

Pudge Federal #21H
API #30-015-45045
Rockspur; Bone Spring
SHL 615' FSL 780' FEL, Sec. 31-T25S-R29E
BHL 239' FSL 330' FEL, Sec. 6-T26S-R29E
Eddy County

The oil production from this well may be transported by truck to either the Red Hills Offload Station, located in Unit O, Section 4-T26S-R32E, or the Jal Offload Station, located in Unit D, Section 4-T26S-R37E, Lea County in the event the CTB on lease is over capacity or in the case of battery or pipeline repairs. Oil will remain segregated and will be measured by lact meter when offloading at the Offload Stations. Notices have been sent to all interest owners as required.

The gas production from this well is measured by allocation meter prior to leaving its lease and then measured and sold off lease at the ETC sales meter in the NE4/NE4 of Sec 08-T26S-R29E.

Also, please see the attached Administrative Application Checklist, plats for referenced wells, proof of notice to interest owners, diagrams of site facility, maps with lease boundaries showing well and facility locations.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Bobbie Goodloe".
Bobbie Goodloe
Regulatory Analyst
Enclosures

DISTRICT I
1625 N. FRENCH DR., HOBBBS, NM 88240
Phone: (505) 363-6151 Fax: (505) 363-0720

DISTRICT II
511 S. FIRST ST., ARTESIA, NM 88210
Phone: (505) 748-1223 Fax: (505) 748-8720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87503
Phone: (505) 476-3400 Fax: (505) 476-3463

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-45045		Pool Code 52775	Pool Name Rockspur; Bone Spring
Property Code 321562	Property Name PUDGE FEDERAL		Well Number 21H
OGRID No. 229137	Operator Name COG OPERATING, LLC		Elevation 2938.6'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	31	25-S	29-E		615	SOUTH	780	EAST	EDDY

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
P	6	26-S	29-E		239	SOUTH	330	EAST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

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

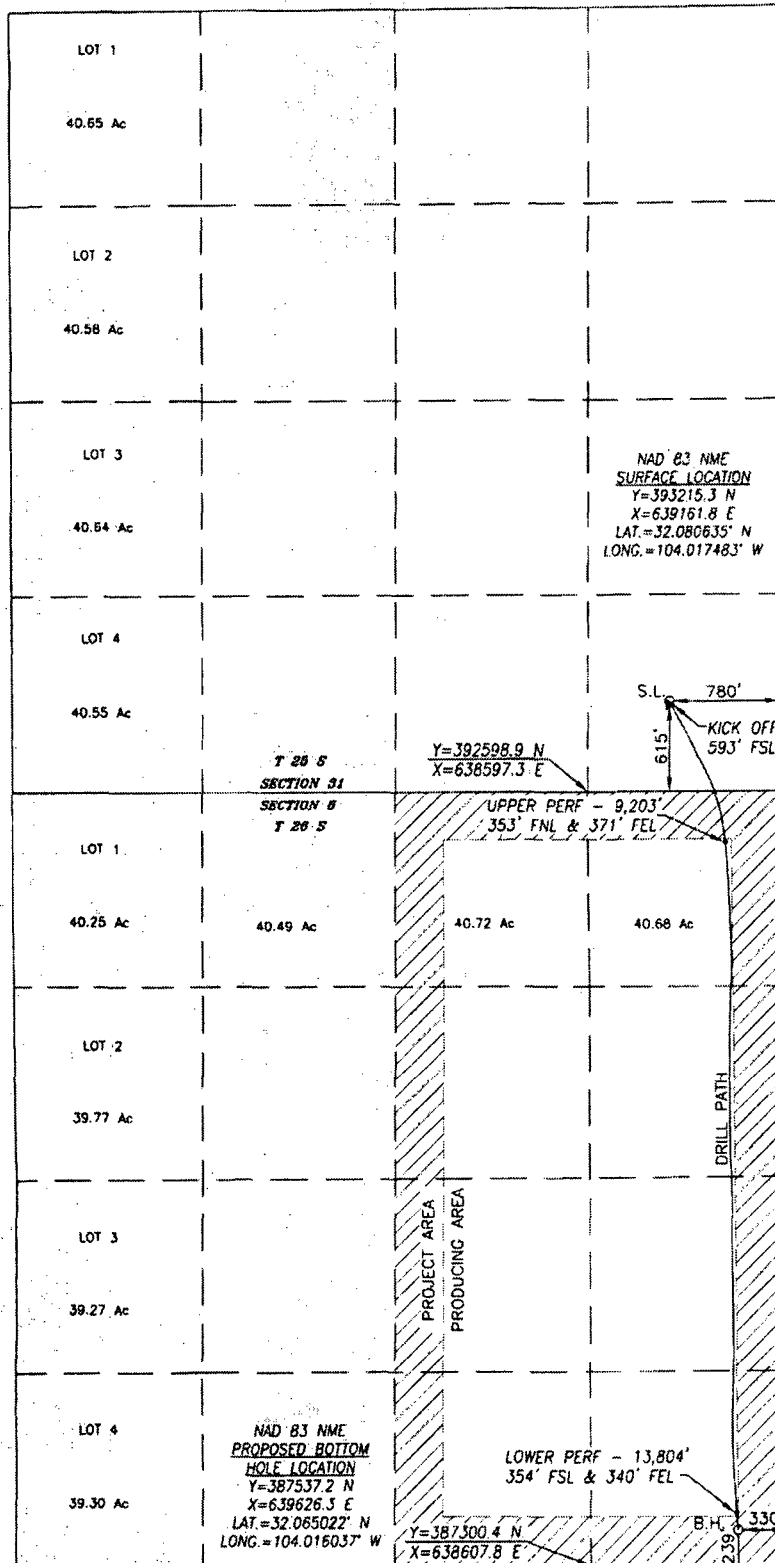
SEE PAGE 2

PAGE 1 OF 2

W O # 18-1535

DRAWN BY AM

Property Code	Property Name PUDGE FEDERAL	Well Number 21H
OGRID No.	Operator Name COG OPERATING, LLC	Elevation 2938.6'



1200 0 1200
SCALE: 1"=1200'

OPERATOR CERTIFICATION

I hereby certify that the information 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Bobbie Goodloe 12/17/18
Signature Date

Bobbie Goodloe

Printed Name

bgoodloe@concho.com

E-mail Address

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.

MAR. 30, 2017/JULY 14, 2018

Date of Survey/Date of Geographic Survey



Signature & Seal of Professional Surveyor



Chad Hargrow 12/4/18
Certificate No. CHAD HARGROW 17777

Pudge Federal #21H

Legend

-  Pudge Fed #21H -
-  Pudge Fed #21H-ETC Gas Sales Meter #57350

Pudge Fed #21H - SHL

Pudge Fed #21H - BHL

Pudge Fed #21H-ETC Gas Sales Meter #57350

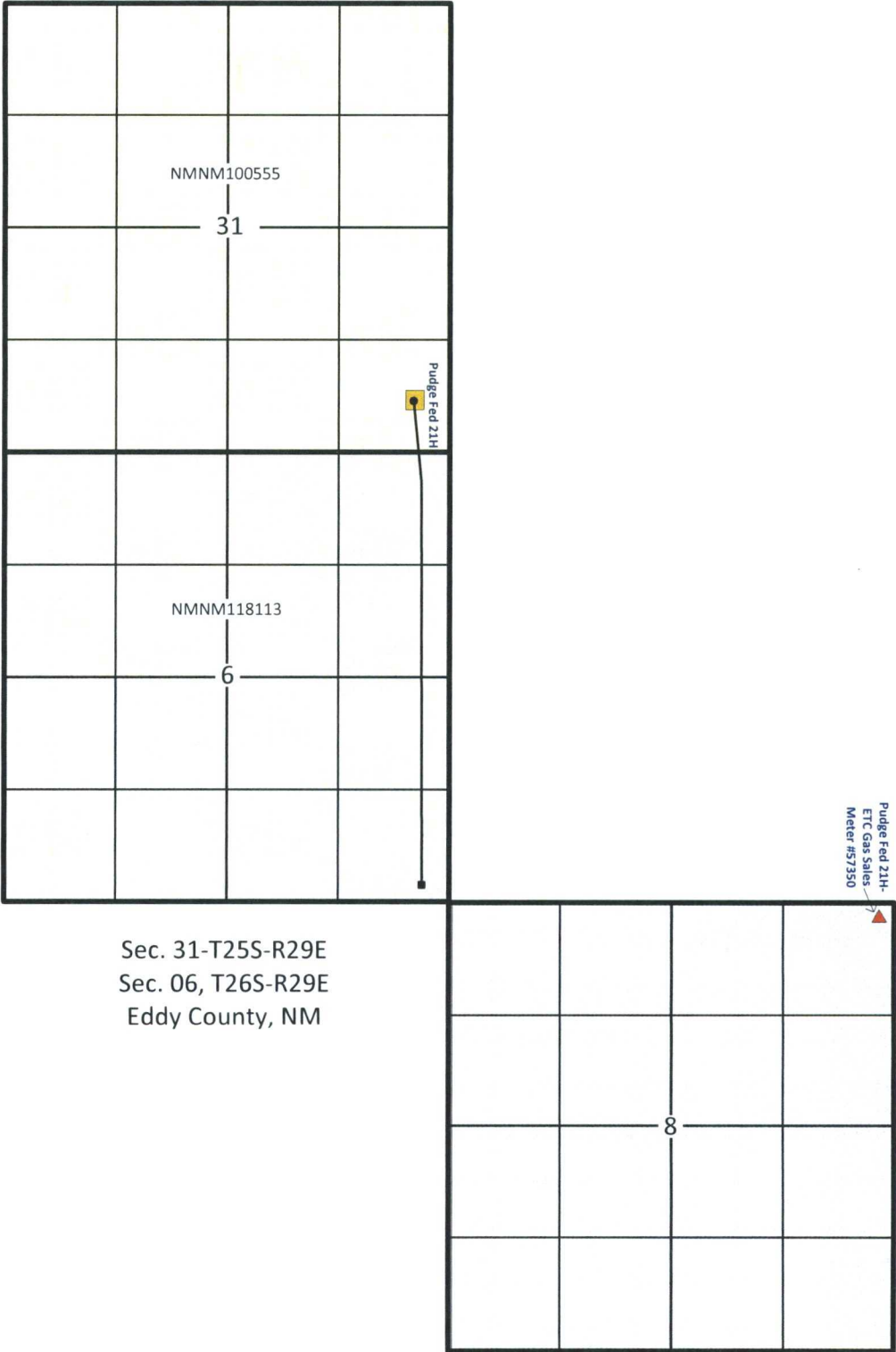
Google Earth

3000 ft



PUDGE FEDERAL #21H

Lease Map



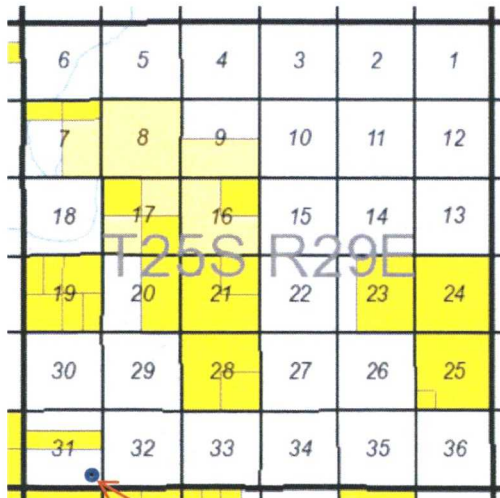
Sec. 31-T25S-R29E
Sec. 06, T26S-R29E
Eddy County, NM

Sec. 08, T26S-R29E
Eddy County, NM

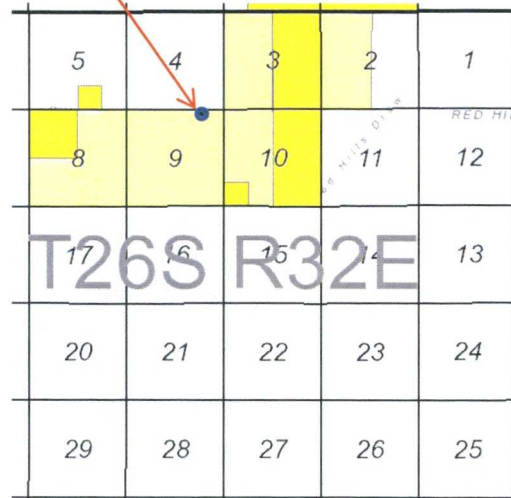
Pudge Federal #21H & Red Hills and Jal Offload Station Map

Red Hills Offload Station
Lea County, NM

Jal Offload Station
Lea County, NM



Pudge Federal #21H
Eddy County, NM



30-015-45045 PUDGE FEDERAL #021H [321562]

General Well Information

Operator: [229137] COG OPERATING LLC
 Status: New
 Well Type: Gas
 Work Type: New

Direction: Horizontal
 Multi-Lateral: No
 Mineral Owner: Federal
 Surface Owner: Federal

Surface Location: P-31-25S-29E 615 FSL 760 FEL
 Lat/Long: 32.080635,-104.017483 NAD83
 GL Elevation: 2936
 KB Elevation:
 DF Elevation:

Sing/Mult Compl: Single
 Potash Waiver: False

Earliest Production in OCD Records: 9/2018 Last 10/2018 [Show All Production](#) [Export to Excel](#)

Time Frame	Production				Injection				
	Oil(BBLS)	Gas(MCF)	Water (BBLS)	Days P/I	Water (BBLS)	Co2(MCF)	Gas(MCF)	Other	Pressure
2018									
ROCK SPUR;BONE SPRING									
Sep	8947	18712	16604	10	0	0	0	0	0
Oct	36171	71286	41608	31	0	0	0	0	0

WELLS:
PUDGE FEDERAL #021H: 30-015-45045

NOT ON BATTERY PAD

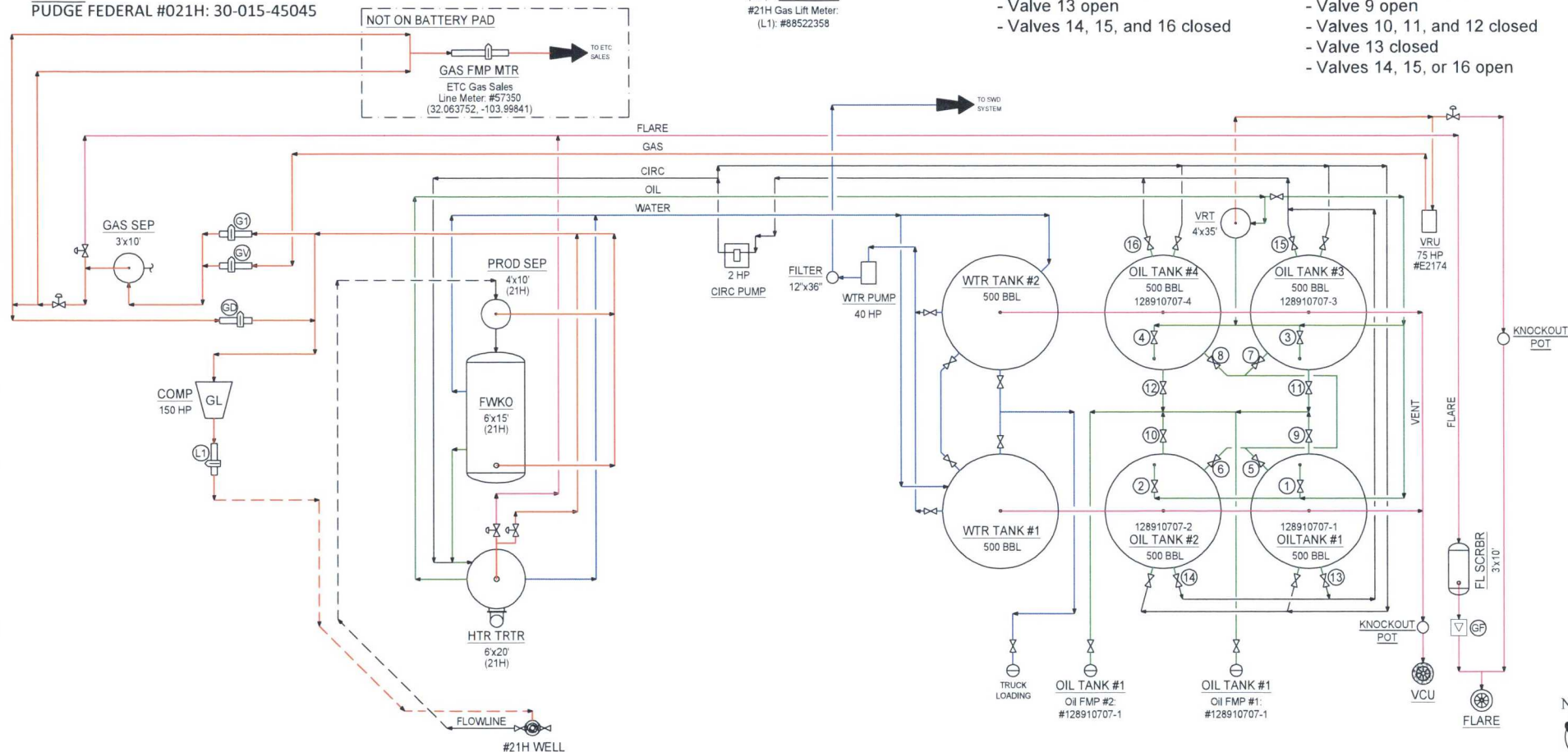
GAS FMP MTR
ETC Gas Sales
Line Meter: #57350
(32.063752, -103.99841)

VRU Gas Meters:
(GV): #88522356
Deduct Gas Meter:
(GD): #88522357
Flare Gas Meter:
(GF): # _____
#21H Gas Lift Meter:
(L1): #88522358

#21H Meters:
GAS (G1): #88522355

- Valve 1 open
- Valves 2, 3, and 4 closed
- Valves 5, 6, 7, and 8 open
- Valves 9, 10, 11, and 12 closed
- Valve 13 open
- Valves 14, 15, and 16 closed

- Valve 1 closed
- Valves 2, 3, or 4 open
- Valve 5 closed
- Valves 6, 7, and 8 open
- Valve 9 open
- Valves 10, 11, and 12 closed
- Valve 13 closed
- Valves 14, 15, or 16 open



NORTH



Type of Lease: Federal
Federal Lease #:
Property Code: 321562
OGRID #: 229137

Produced Fluid:	_____
Produced Oil:	_____
Produced Gas:	_____
Produced Water:	_____
Flare/Vent:	_____

CONFIDENTIALITY NOTICE

THIS DRAWING IS PROPERTY
OF COG OPERATING LLC AND
IS LENT TO THE BORROWER
FOR CONFIDENTIAL USE ONLY
AND IS SUBJECT TO RETURN
UPON REQUEST AND SHALL
NOT BE REPRODUCED,
COPIED, LENT OR OTHERWISE
DISPOSED OF DIRECTLY OR
INDIRECTLY, NOR USED FOR
ANY PURPOSE OTHER THAN
THAT WHICH IT IS
SPECIFICALLY FURNISHED.

[illegible][illegible]

ENGINEERING RECORD		
	BY	DATE
DRN:	JS	10/04/18
DES:		
CHK:		
APP:		
AFE NO:		
FACIL ENGR:		
OPER ENGR:	VARIES	
SCALE:	NONE	



NORTHERN DELAWARE BASIN ASSET
PRODUCTION FACILITIES
SITE FACILITY DIAGRAM
PLUDGE FEDERAL #21H BATTERY

EDDY COUNTY	
TOWNSHIP/RANGE	DWG NO.
MULTIPLE	D-1700-81-005

T	P
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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.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM100555
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: BOBBIE GOODLOE E-Mail: bgoodloe@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 575-748-6952	8. Well Name and No. PUDGE FEDERAL 21H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T25S R29E SESE 625FSL 780FEL 32.080635 N Lat, 104.017483 W Lon		9. API Well No. 30-015-45045
		10. Field and Pool or Exploratory Area ROCKSPUR; BONE SPRING
		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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> New Construction
	<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 recomple 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.

COG Operating LLC respectfully requests to designate tank #128910707-1 as the official facility measurement point (FMP) for oil produced from this well (Please see attached site facility diagram.) *Please note that a flare meter will be installed where designated on attached diagram.

Measurement will be in compliance with all federal requirements and regulations.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #448691 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) BOBBIE GOODLOE	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 12/20/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

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

(Instructions on page 2)

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

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
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5. Lease Serial No. NMNM100555
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. PUDGE FEDERAL 21H
9. API Well No. 30-015-45045
10. Field and Pool or Exploratory Area ROCKSPUR; BONE SPRING
11. County or Parish, State EDDY COUNTY, NM

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator COG OPERATING LLC Contact: BOBBIE GOODLOE E-Mail: bgoodloe@concho.com	
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 575-748-6952
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T25S R29E SESE 625FSL 780FEL 32.080635 N Lat, 104.017483 W Lon	

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TYPE OF SUBMISSION	TYPE OF ACTION			
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<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
	<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 must 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 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.

COG Operating LLC respectfully requests to designate Meter #88522355 as the official facility measurement point (FMP) for gas produced from this well. (Please see attached site facility diagram.) Meter meets API and AGA standards and will measure and be calibrated in compliance with all federal requirements and regulations.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #448695 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) BOBBIE GOODLOE	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 12/20/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

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(Instructions on page 2)

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

Pudge Federal #21H 30-015-45045
Application for Off Lease Measurement - Gas Sales & Oil Offloads
Notification List

<i>Date Sent</i>	<i>Initials</i>	<i>Sent Certified Return Receipt to:</i>	<i>Receipt No.</i>	<i>Rec'd</i>
12/20/2018	bjg	Devon Energy Production Co LP, PO Box 843559, Dallas, TX 75284-3559	7017-3040-0000-1206-1417	
12/20/2018	bjg	BLM, 620 E Greene St., Carlsbad, NM 88220	7017-3040-0000-1206-1424	
12/20/2018	bjg	Nestegg Energy Corp., 2308 Sierra Vista Rd., Artesia, NM 88210	7017-3040-0000-1206-1431	
12/20/2018	bjg	Vanguard Operating LLC, 5847 San Felipe #3000, Houston, TX 77057	7017-3040-0000-1206-1448	

Mailed by
Bobbie J Goodloe

