

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## OCD Artesia

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

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.  
NMNM97136

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____		7. Unit or CA Agreement Name and No.	
2. Name of Operator COG OPERATING LLC		Contact: STORMI DAVIS E-Mail: sdavis@concho.com	
3. Address 2208 W MAIN ST ARTESIA, NM 88210		3a. Phone No. (include area code) Ph: 575-748-6946	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Sec 31 T19S R31E Mer NMP NENW 330FNL 1770FWL At top prod interval reported below Sec 31 T19S R31E Mer NMP At total depth SESW 348FSL 2007FWL		8. Lease Name and Well No. MARAUDER 31 FEDERAL 2H	
14. Date Spudded 04/29/2014		15. Date T.D. Reached 05/07/2014	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 07/17/2014		9. API Well No. 30-015-41810	
18. Total Depth: MD 13259 TVD 8795		19. Plug Back T.D.: MD 13254 TVD 8795	
20. Depth Bridge Plug Set: MD TVD		10. Field and Pool, or Exploratory GATUNA CANYON; BONE SPRING	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE		11. Sec., T., R., M., or Block and Survey or Area Sec 31 T19S R31E Mer NMP	
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)		12. County or Parish EDDY	
23. Casing and Liner Record (Report all strings set in well)		13. State NM	
17. Elevations (DF, KB, RT, GL)* 3408 GL			

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
20.000	16.000 J55	65.0	0	440		600		0	
14.375	11.750 J55	47.0	0	2126		1250		0	
10.625	8.625 HCK55	32.0	0	4005	2174	1350		0	
7.875	5.500 P110	17.0	0	13257		1925		0	

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	8326							

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9005	13165	9005 TO 13105	0.430	324	OPEN
B)			13155 TO 13165		60	OPEN
C)						
D)						

Depth Interval	Amount and Type of Material
9005 TO 13105	SEE IN REMARKS

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
07/18/2014	07/28/2014	24	→	382.0	402.0	1517.0			ELECTRIC PUMP SURFACE
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI	350	140.0	→	382	402	1517		POW	

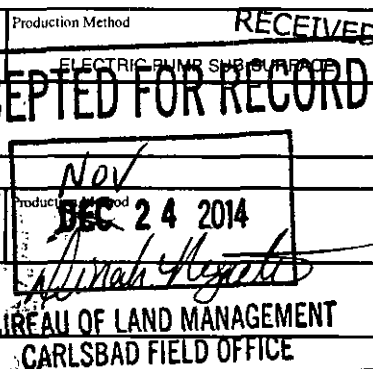
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI			→						

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

ELECTRONIC SUBMISSION #256750 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

Reclamation Due Date: 1/18/2015



## 28b. Production - Interval C

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

## 28c. Production - Interval D

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

## 29. Disposition of Gas(Sold, used for fuel, vented, etc.)

SOLD

## 30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

## 31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
BRUSHY CANYON	5047	6624		RUSTLER	331
BONE SPRING LM	6625	7927		TOS	465
1ST BONE SPRING	7928	8668		BOS	1909
2ND BONE SPRING	8669	8795		YATES	2086
				SEVEN RIVERS	2162
				CAPITAN	2333
				BRUSHY CANYON	5047
				BONE SPRING LM	6625

## 32. Additional remarks (include plugging procedure):

Perts 7 1/2% Acid Sand# Fluid (Gal)  
 12787-13105' 7980 448894 400806  
 12317-12632' 6048 449567 381234  
 11843-12156' 6972 450260 368676  
 11370-11686' 6048 455634 463974  
 10895-11213' 5964 445235 367122  
 10424-10740' 5964 451747 367248  
 9951-10267' 6024 453067 376044

## 33. Circle enclosed attachments:

1. Electrical/Mechanical Logs (1 full set req'd.)
2. Geologic Report
3. DST Report
4. Directional Survey
5. Sundry Notice for plugging and cement verification
6. Core Analysis
- 7 Other:

## 34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #256750 Verified by the BLM Well Information System.

For COG OPERATING LLC, sent to the Carlsbad

Committed to AFMSS for processing by DINAH NEGRETE on 11/15/2014 ()

Name(please print) STORMI DAVIS

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/12/2014

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

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

**Additional data for transaction #256750 that would not fit on the form**

**32. Additional remarks, continued**

9478-9794' 6006 449901 365484  
9005-9320' 6678 456660 365010  
Totals 57684 4060965 3455597

**Additional Tops:**

1st Bone Spring 7928  
2nd Bone Spring 8669