

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Form C-104  
Revised August 1, 2011

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

Submit one copy to appropriate District Office

AMENDED REPORT

**HOBBS OCD**  
**RECEIVED**  
**OCT 18 2019**

**I. REQUEST FOR ALLOWABLE AND AUTHORIZED TO TRANSPORT**

<sup>1</sup> Operator name and Address <b>COG Operating LLC 2208 W. Main Street Artesia, NM 88210</b>		<sup>2</sup> OGRID Number <b>229137</b>
<sup>4</sup> API Number <b>30 - 025-45112</b>		<sup>3</sup> Reason for Filing Code/ Effective Date <b>NW</b>
<sup>5</sup> Pool Name <b>WC-025 G-09 S243532M; WOLFBONE</b>	<sup>6</sup> Pool Code <b>98098</b>	
<sup>7</sup> Property Code <b>322259</b>	<sup>8</sup> Property Name <b>Fascinator Federal Com</b>	<sup>9</sup> Well Number <b>702H</b>

**II. <sup>10</sup> Surface Location**

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
C	30	24S	35E		210	North	2100	West	Lea

**<sup>11</sup> Bottom Hole Location**

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
N	31	24S	35E		188	South	1928	West	Lea

<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
P	F	9/18/19			

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
	ACC	O
	Targa	G
	Holly Refining and Marketing Co.	O

**IV. Well Completion Data**

<sup>21</sup> Spud Date	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBTD	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
12/13/18	9/18/19	22620'	22500'	13,033-22,458'	
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17 1/2"	13 3/8"	1204'	1010		
12 1/4"	9 5/8"	11867'	2765		
8 1/2"	5 1/2"	22606'	4205		
	2 7/8	12012'			

**V. Well Test Data**

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length 24 Hrs	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
9/18/19	9/18/19	9/18/19	24 Hrs	2450#	3500#
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
20/64	454	1790	408	Flowing	

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Amanda Avery</i>	OIL CONSERVATION DIVISION Approved by: <i>[Signature]</i>
Printed name: Amanda Avery	Title: Petroleum Engineer
Title: Regulatory Analyst	Approval Date: 10/21/19
E-mail Address: aavery@concho.com	
Date: 10/15/19	Phone: 575-748-6962

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.*

**HOBBS OCD**  
**RECEIVED**  
OCT 18 2019

**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. NMNM14164
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: AMANDA AVERY E-Mail: aavery@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6940	8. Well Name and No. FASCINATOR FEDERAL COM 702H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 30 T24S R35E Mer NMP NENW 210FNL 2100FWL 32.195172 N Lat, 103.408368 W Lon		9. API Well No. 30-025-45112
		10. Field and Pool or Exploratory Area WC-025 G-09 S243532M; WO
		11. County or Parish, State LEA COUNTY, NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Hydraulic Fracture
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate 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.

3/29/19 Test annulus to 1500# Set Composite Bridge plug @ 22,500' and test csg to 11,580#. Test Good.  
7/24/19 to 8/15/19 Perf 13,033-22,458' (1728). Acdz w/72,314 gal 7 1/2%; frac w/ 19,273,310# sand & 16,777,966 gal fluid.  
8/22/19 to 8/23/19 Drilled out CFP's. Clean down to PBSD @ 22,500'.  
8/29/19 -8/30/19 Set 2 7/8" 6.5# L-80 tbg @ 12,012' packer @ 12,002'. Installed gas lift system.  
9/18/19 Began flowing back & testing Date of first production

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #488076 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) AMANDA AVERY	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 10/15/2019

**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: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOGS

**HOBBS OCD**  
**OCT 18 2019**  
**RECEIVED**

5. Lease Serial No. NNM14164

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Lease Name and Well No. FASCINATOR FEDERAL COM 702H

9. API Well No. 30-025-45112

10. Field and Pool, or Exploratory WC-025 G-09 S243532M; WO

11. Sec., T., R., M., or Block and Survey or Area Sec 30 T24S R35E Mer NMP

12. County or Parish LEA 13. State NM

14. Date Spudded 12/13/2018 15. Date T.D. Reached 01/24/2019 16. Date Completed 09/18/2019  D & A  Ready to Prod.

17. Elevations (DF, KB, RT, GL)\* 3375 GL

18. Total Depth: MD 22620 TVD 12885 19. Plug Back T.D.: MD 22500 TVD 12885 20. Depth Bridge Plug Set: MD 22500 TVD 12885

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) 22. Was well cored?  No  Yes (Submit analysis)  
Was DST run?  No  Yes (Submit analysis)  
Directional Survey?  No  Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	1204		1010		0	
12.250	9.625 L80	47.0	0	11867	6470	2765		0	
8.500	5.500 P110	23.0	0	22606		4205		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	12012	12002						

25. Producing Intervals 26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFBONE	13033	22458	13033 TO 22458		1728	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
13033 TO 22458	SEE ATTACHED INFORMATION

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
09/18/2019	09/18/2019	24	→	454.0	408.0	1790.0			GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
20/64	2450 SI	3500.0	→	454	408	1790		POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	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 #488075 VERIFIED BY THE BLM WELL INFORMATION SYSTEM  
\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

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
RUSTLER	848			RUSTLER	848
TOP OF SALT	1275			TOP OF SALT	1275
BOTTOM OF SALT	5119			BOTTOM OF SALT	5119
LAMAR	5434			LAMAR	5434
BELL CANYON	5482			BELL CANYON	5482
CHERRY CANYON	6457			CHERRY CANYON	6457
BRUSHY CANYON	8032			BRUSHY CANYON	8032
BRUSHY CANYON A	9093			BRUSHY CANYON	9093

32. Additional remarks (include plugging procedure):

BONE SPRING LIMESTONE 9290  
 1ST BONE SPRING 10465  
 1ST BONE SPRING SHALE 10650  
 2ND BONE SPRING 11059  
 2ND BONE SPRING BASE 11501  
 3RD BONE SPRING 12044  
 3rd BONE SPRING W 12396  
 WOLFCAMP 12557

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 #488075 Verified by the BLM Well Information System.  
 For COG OPERATING LLC, sent to the Hobbs

Name (please print) AMANDA AVERY Title REGULATORY ANALYST

Signature \_\_\_\_\_ (Electronic Submission) Date 10/15/2019

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

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

**Additional data for transaction #488075 that would not fit on the form**

**32. Additional remarks, continued**

WOLFCAMP LITHOLOGY      12705