

O3EY1-200107-C-107B 186

Revised March 23, 2017

RECEIVED: 1/7/20	REVIEWER: DM	TYPE: OLM	APP NO: pDM2001453071
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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: MYOX 20 Federal Com 5H **API:** 30-015-44296
Pool: Hay Hollow; Bone Spring, North **Pool Code:** 30216

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

FOR OCD ONLY	
<input type="checkbox"/>	Notice Complete
<input type="checkbox"/>	Application Content Complete

- 2) **NOTIFICATION REQUIRED TO:** Check those which apply.
 A. Offset operators or lease holders
 B. Royalty, overriding royalty owners, revenue owners
 C. Application requires published notice
 D. Notification and/or concurrent approval by SLO
 E. Notification and/or concurrent approval by BLM
 F. Surface owner
 G. For all of the above, proof of notification or publication is attached, and/or,
 H. No notice required

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.

Jeanette Barron
Print or Type Name

Jeanette Barron
Signature

1/7/20
Date

575.748.6974
Phone Number

jbarron@concho.com
e-mail Address



January 7, 2020

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

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

Dear Mr. McClure,

COG Operating LLC, respectfully requests approval for off-lease measurement for the following well:

MYOX 20 Federal Com, #5H
API #30-015-44296
Hay Hollow; Bone Spring, North
UT B, Sec 20-T25S-R28E
Eddy County

The oil production from these wells 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.

Please see the enclosed Administrative Application Checklist, C-107-B Application for Off Lease Measurement, plats for referenced well, site facility diagram, maps with lease boundaries showing wells and facility locations and, copies of the submitted FMP sundries.

Thank you for your attention to this matter. If you have questions or need further information, please email me at jbarron@concho.com or call 575.748.6974.

Sincerely,

A handwritten signature in black ink that reads "Jeanette Barron".

Jeanette Barron
Regulatory Technician II

CORPORATE ADDRESS

One Concho Center | 600 West Illinois Avenue | Midland, Texas 79701
P 432.683.7443 | F 432.683.7441

ARTESIA WEST OFFICE

2208 Main Street | Artesia, New Mexico 88210
P 575.748.6940 | F 575.746.2096

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: COG Operating LLC
 OPERATOR ADDRESS: 2208 W Main Street, Artesia, New Mexico 88210
 APPLICATION TYPE:

Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: Fee State Federal

Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No. _____
 Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
 Yes No

(A) POOL COMMINGLING
Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production	Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables? Yes No
 (3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No.
 (4) Measurement type: Metering Other (Specify)
 (5) Will commingling decrease the value of production? Yes No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING
Please attach sheets with the following information

(1) Pool Name and Code.
 (2) Is all production from same source of supply? Yes No
 (3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No
 (4) Measurement type: Metering Other (Specify)

(C) POOL and LEASE COMMINGLING
Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

(1) Is all production from same source of supply? Yes No
 (2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.
 (2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
 (3) Lease Names, Lease and Well Numbers, and API Numbers.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: Jeanette Barron TITLE: Regulatory Technician II DATE: 1/7/20
 TYPE OR PRINT NAME Jeanette Barron TELEPHONE NO.: 575.748.6974
 E-MAIL ADDRESS: jbarron@concho.com

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

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-44296		² Pool Code 30216		³ Pool Name Hay Hollow; Bone Spring, North	
⁴ Property Code 318323		⁵ Property Name MYOX 20 Federal Com			⁶ Well Number 5H
⁷ OGRID No. 229137		⁸ Operator Name COG Operating, LLC			⁹ Elevation 3026.1'

¹⁰ Surface Location

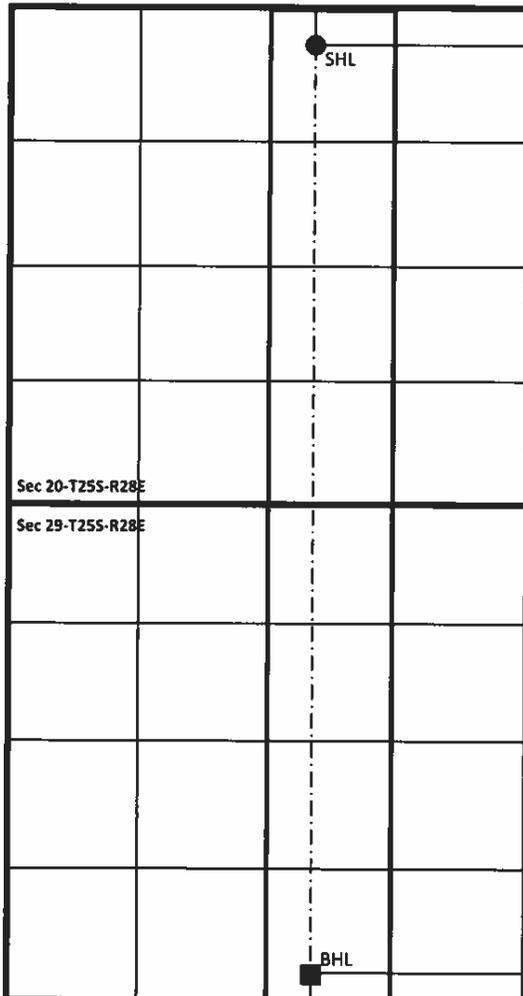
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	20	25S	28E		330	North	2090	East	Eddy

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
O	29	25S	28E		200	South	2127	East	Eddy

¹² Dedicated Acres 320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



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

Jeanette Barron
Signature _____ Date _____

Jeanette Barron
Printed Name _____

jbarron@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.

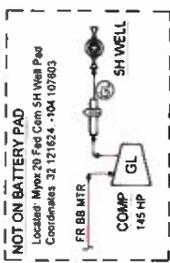
REFER TO ORIGINAL PLAT

Date of Survey _____
Signature and Seal of Professional Surveyor: _____

Certificate Number _____

MYOX 20 FEDERAL COM SH BATTERY
 NWNE SECTION 20, T25S, R28E, UNIT B
 COORDS: 32.11979S, -104.10678
 EDDY COUNTY, NM

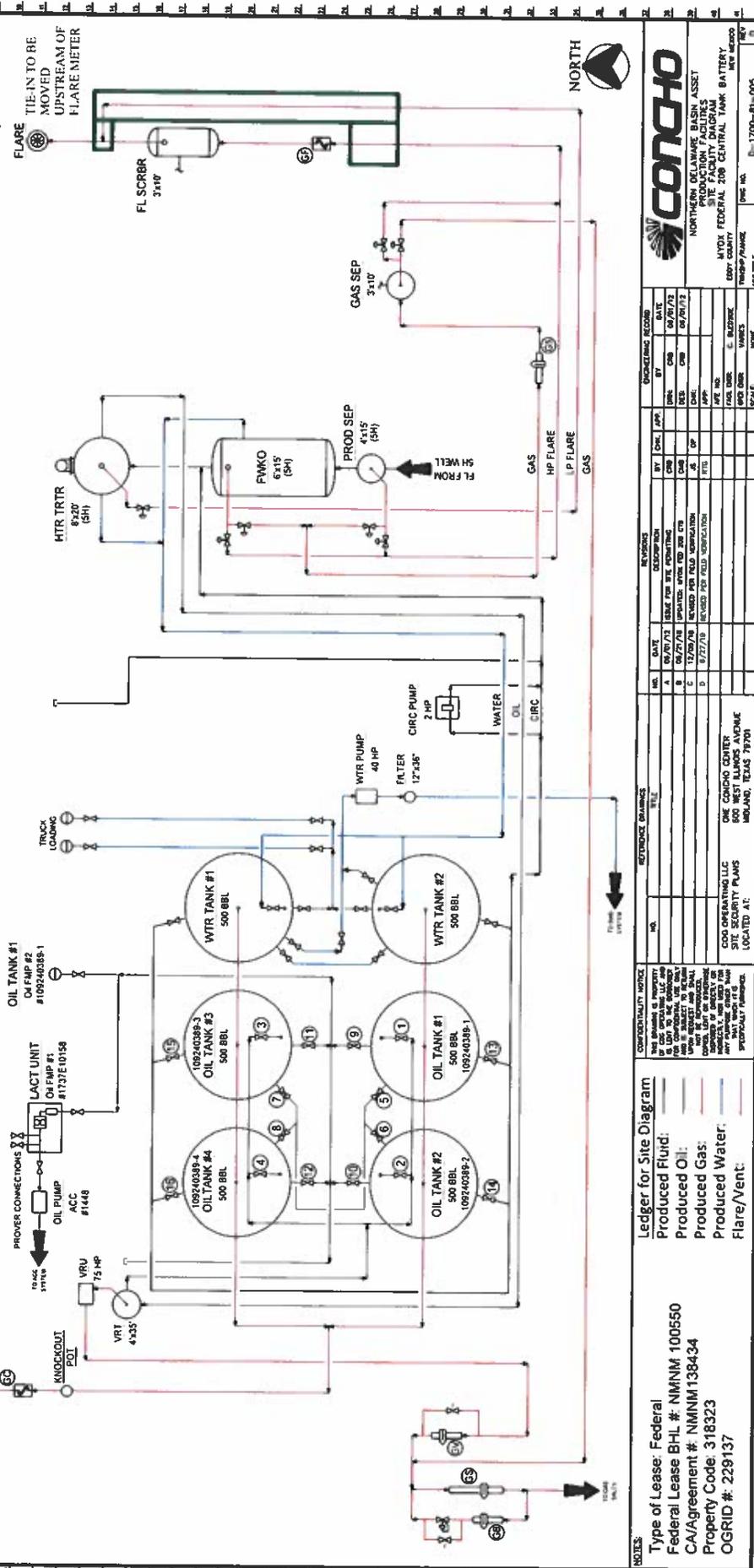
WELLS:
 MYOX 20 FEDERAL COM #005H: 30-015-44296



- GAS FMP METER**
 ETC Gas Sales Line Meter (GS) #57550
 VRU Gas Meter (GV) #88522305
 Flare Gas Meter (GF) #184656-73655
 VCU Gas Meter (GC) #184657-74208
- GAS METERS**
 #5H Abco Gas Meter (GS) #88522304
 VRU Gas Meter (GV) #88522305
 Flare Gas Meter (GF) #184656-73655
 VCU Gas Meter (GC) #184657-74208

- Production Phase - Oil Tank #1**
 - 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

- Sales Phase - Oil Tank #1**
 - 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



CONCHO
 NORTHERN OIL SHALE BATTERY ASSET
 PRODUCTION FACILITIES
 SITE FACILITY DIAGRAM
 NUDY FEDERAL 208 CENTRAL TANK BATTERY
 EDDY COUNTY, NM
 DRAWING NO. D-1700-81-005
 SHEET NO. 5

NO.	DATE	DESCRIPTION	BY	DATE
1	08/27/13	BASE FOR THE POSITIONING	CHS	08/27/13
2	08/27/13	REVISION FOR FIELD OPERATIONS	CHS	08/27/13
3	12/05/18	REVISION FOR FIELD OPERATIONS	CHS	12/05/18
4	8/7/18	REVISION FOR FIELD OPERATIONS	CHS	8/7/18

CONCHO QUALITY NOTICE
 This diagram is the property of Concho Energy, L.P. and is provided to you for your use only. It is not to be reproduced, copied, or distributed in any form without the prior written consent of Concho Energy, L.P.

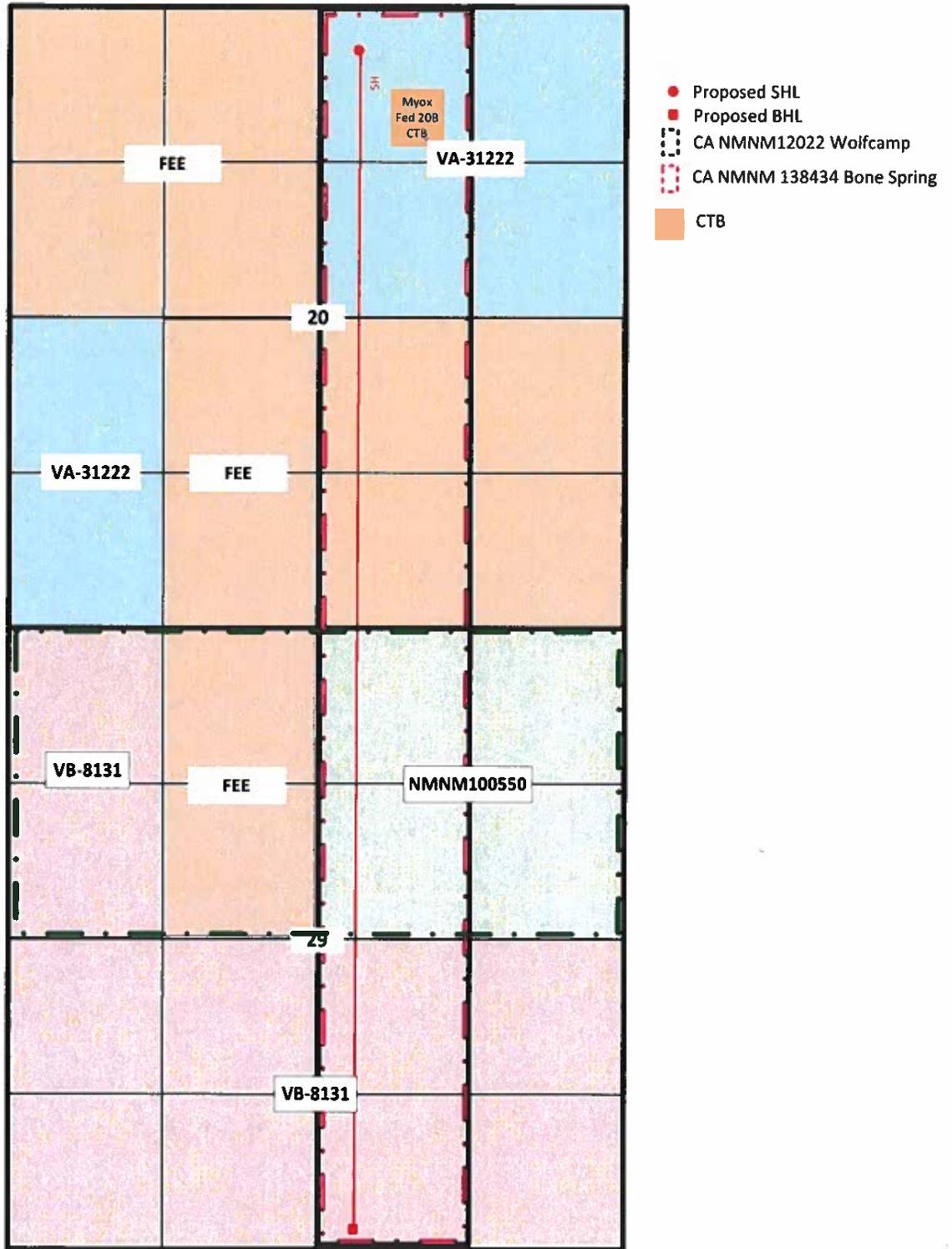
OPERATING L.L.C.
 500 WEST ILLINOIS AVENUE
 MIDLAND, TEXAS 79701

LEDGER FOR SITE DIAGRAM
 Produced Fluid: _____
 Produced Oil: _____
 Produced Gas: _____
 Produced Water: _____
 Flare/Vent: _____

NOTES:
 Type of Lease: Federal
 Federal Lease B/L # NMMN 100550
 CA/Agreement # NMMN138434
 Property Code: 318323
 OGRID # 229137

JB 07.23.19

MYOX 20 Federal Com #5H



Sec 20 T-25S R-2E
Eddy County, NM

MYOX 20 Fed Com #5H

Legend

-  MYOX 20 Fed Com #5H - ETC Sales Meter
-  MYOX 20 Fed Com #5H - SHL
-  MYOX 20 Fed CTB

MYOX 20 Fed Com #5H - SHL

MYOX 20 Fed Com #5H - ETC Sales Meter

20



1000 ft

Google Earth

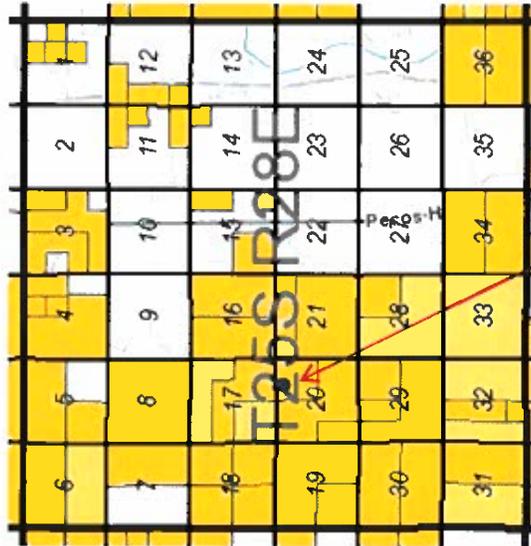
MYOX 20 Federal Com #5H

&

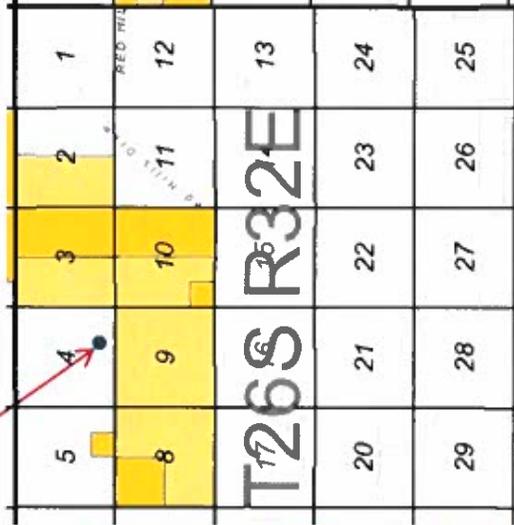
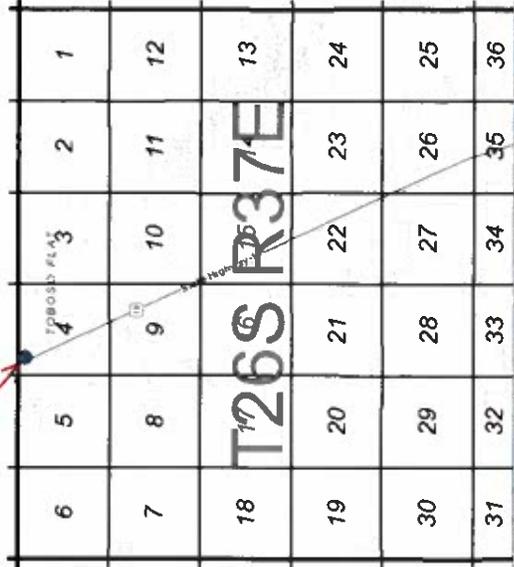
Red Hills and Jal Offload Station Map

Red Hills Offload Station
Lea County, NM

Jal Offload Station
Lea County, NM



MYOX 20 Federal Com #5H
Eddy County, NM



MYOX 20 FEDERAL COM 5H

Date Sent	Initials	Name	Address	City	State	ZipCode	Certified Return Receipt No.	Delivered
01.07.20	JB	OXY Y-1 COMPANY	P O BOX 841803	DALLAS	TX	75284	7018 1830 0000 7074 0835	

Form 3160-5
(June 2015)

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.

5. Lease Serial No. NMNM100550
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No. NMNM138434
8. Well Name and No. Multiple--See Attached
9. API Well No. Multiple--See Attached
10. Field and Pool or Exploratory Area HAY HOLLOW UNKNOWN
11. County or Parish, State EDDY COUNTY, NM

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	
2. Name of Operator COG OPERATING LLC	Contact: JEANETTE BARRON E-Mail: JBARRON@CONCHO.COM
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 575-748-6974
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Multiple--See Attached	

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 Production Facility Changes
	<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.

COG OPERATING LLC RESPECTFULLY REQUESTS DESIGNATION OF OIL FACILITY MEASUREMENT POINTS FOR MYOX 20 FEDERAL COM 5H CTB
OIL FACILITY MEASUREMENT POINTS WILL BE LACT UNIT METER 1737E10158 AND TANK #1 109240389-1 AT THE BATTERY. SEE ATTACHED SITE FACILITY DIAGRAM

14. I hereby certify that the foregoing is true and correct. Electronic Submission #471719 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by PRISCILLA PEREZ on 07/02/2019 (19PP2673SE)	
Name (Printed/Typed) JEANETTE BARRON	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 07/01/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By ACCEPTED	DEBORAH MCKINNEY Title LEGAL INSTRUMENTS EXAMINER	Date 07/18/2019
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 Carlsbad

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)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Form 3160-5
(June 2015)

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.

5. Lease Serial No.
NMNM100550

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM138434

8. Well Name and No.
Multiple--See Attached

9. API Well No.
Multiple--See Attached

10. Field and Pool or Exploratory Area
HAY HOLLOW
UNKNOWN

11. County or Parish, State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG OPERATING LLC
Contact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM

3a. Address
600 W ILLINOIS AVENUE
MIDLAND, TX 79701
3b. Phone No. (include area code)
Ph: 575-748-6974

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Multiple--See Attached

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 Production Facility Changes
	<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 DESIGNATION OF OIL FACILITY MEASUREMENT POINTS FOR MYOX 20 FEDERAL COM 5H CTB.
THE GAS FACILITY MEASUREMENT POINT #88522304 MEETS API AND AGA STANDARDS AND WILL MEASURE AND BE CALIBRATED ACCORDING TO ALL FEDERAL REQUIREMENTS AND REGULATIONS.
WINDWARD FEDERAL

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #471710 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 07/02/2019 (19PP2672SE)**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 07/01/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By **ACCEPTED**

DEBORAH MCKINNEY
Title LEGAL INSTRUMENTS EXAMINER

Date 07/18/2019

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 Carlsbad

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)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****