30215

District II 1301 W. Grand Ave., Artesia, NM 88210 Phone:(505) 748-1283 Pax:(505) 748-9720

HAY HOLLOW; BONE SPRING

IDDITION FOR BERLET TO BRIT

State of New Mexico

Energy, Minerals and Natural Resources

Oil Conservation Division

1220 S. St Francis Dr.

Santa Fe, NM 87505

ENTER DEFENSI DE LICELOTE OR LEDR & TONT

1. Opera	2. OGRID Number	
MARBO	14049	
	PO BOX 227 ARTESIA , NM 882110227	
4. Property Code 5. Property Name		6. Well No.
38282 SRO UNIT STATE COM		016H

7. Surface Location

UL - Lot	Section	Township	Range	Lot Ida	Feet From	N'S Line	Feet From	E W Line	County
M	20	265	28E	M	660	S	330	W	EDDY

8. Pool Information

				Ad	ditional Well I	forma	tion	
	9. Work Type New Well	10. We O	ii Type IL		11. Cable Rotary		12. Lesse Type State	13. Ground Level Elevation 3019
	14. Multiple N		osed Depth		16. Formation Bone Spring		17. Contractor	18. Spud Date 9/7/2010
	Depth to Ground water Distance from nearest fresh water well Distance to nearest surface water						Distance to nearest surface water	
Pit:	Liner: Synthetic Closed Loop System		mils thick	Clay	Pit Volume:		Drilling Method: Fresh Weter 🕅 Brine 🗌	Diesel Oil-based 🗌 Gas. Air 🥅

19. Proposed Casing and Cement Program

Type	Hole Size	Casing Type	Casing Weight ft	Setting Depth	Sacks of Cement	Estimated TOC				
Surf	17.5	13.375	48	300	300	0				
Int1	12.25	9.625	36	2250	600	0				
Prod	7.875	5.5	17	11500	950	2000				

Casing/Cement Program: Additional Comments

Plan to drill 17 1/2" hole to 300' with fresh water, run 48# H-40 casing and cement to surface. Drill 12 1/4" hole to 2250' with brine, run 36# J-55 9 5/8" casing and cement to surface. Drill 7 7/8" hole with cut brine to 6000' then pick up directional tools and drill to new BHL at a TVD of 6550' and measured depth of 11500', run 5 1/2" 17# N-80 casing and cement to 2000'.

Proposed Blowout Prevention Program

Туре	Type Working Pressure		Manufacturer
DoubleRam	3000	3000	Cameron

of my knowledge and belief.	tion given above is true and complete to the best ing pit will be constructed according to	OIL CONSERVATION DIVISION			
	eral permit [, or an (attached) alternative	Approved By: Randy Dade			
Printed Name: Electronica	lly filed by Diana Briggs	Title: District Supervisor			
Title: Production Manage	r	Approved Date: 8 19 2010	Expiration Date: 8/19/2012		
Email Address: production	n@marbob.com				
Date: 7/30/2010	Phone: 575-748-3303	Conditions of Approval Attached			

BEFORE THE OIL CONVERSATION COMMISSION Santa Fe, New Mexico Exhibit No. 7 Submitted by: COG OPERATING LLC Hearing Date: February 28, 2017

BEFORE THE OIL CONVERSATION DIVISION Santa Fe, New Mexico Exhibit No. 7 Submitted by: COG Operating LLC Hearing Date: May 4, 2016

Dustrict I

1625 N French Dr Hobbs, NM 88.40 Phone.(505) 393-6161 Fax.(505) 393-0720 District II

1301 W. Grand Ave. Artesia, NM 88210 Phone (505) 748-1383 Pax.(505) 748-9"20 District III

District III 1000 Rio Beazos Rol Arrec NM 87410 Phone.(505) 334-6178 Fax.(505) 334-6170

District IV 1230 S St Frances Dr Samta Fe, NM 87505 Phone (505) 476-3470 Fex:(505) 476-3462

WELL LOCATION AND ACTEMENT ATION BLAT

State of New Mexico

Energy, Minerals and Natural Resources

Oil Conservation Division

1220 S St Francis Dr

Santa Fe, NM 87505

	LEE LOCATION AND ACKE	AGE DEDICATION FL	<u>ai</u>
1 API Number	2 Pool Code	3 Poc	d Name
o0-015 38071	30215	HAY HOLLOW, BONE SPRING	
4 Property Code	5 Property N	lame	6 Well No
38282	SRO UNIT STA	TE COM	016H
OGRID No	8. Operator N	lama	9 Elevation
14049	MARBOB ENERGY CORP		3019

		10 Surface Location								
	UL Let	Section	Township	Range	Lot Ida	Peet From	N.S Line	Fest From	EW Line	County
ĺ	М	20	26S	28E		660	S	530	ħ.	EDDY

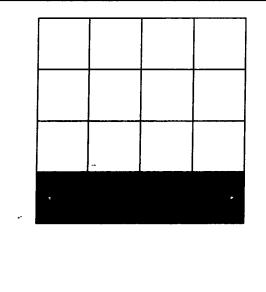
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11 Bottom Hole Location If Different From Surface

UL Lot	Section	Township	Range	Lot kin	Feet From	N. S. Line	Faet From	E.W. Line	County
P	20	26S	28E	P	660	S	330	E	EDDY
	cated Acres 0 00	13 1	oint or Inditi	14	Consolidation	Code		15 Order No	

NO ALLOW ABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFIC ATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief and that this organization eather owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location persuant 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.

E-Signed By Diana Briggs

Title Production Manager Date: 7 30/2010

SURVEY OR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field noises of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief Surveyed By: Ronald Eudson

Date of Survey 11 18 2009

Certificate Number 3239

·, /



Form C 145

Permit 121233

District.) 1625 N French Dr Hobbs NM 88240 Phone (575) 393-6161 Fa (575) 193-0720 District.) 1301 W Grand Ave Aries a NM 88210 Phone (575) 748-1283 Fax (575) 748-9720

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division

1220 S St Francis Dr Santa Fe, NM 87505

Change of Operator

Previous Oper	ator Information	New Operator	Information
		Effective Date	Effective on the date of approval by the OCD
OGRID	14049	OGRID	229137
Name	MARBOB FNERGY CORP	Name	COG OPERATING LLC
Address	PO BOX 227	Address	550 W TEXAS
			SUITE 1300
City State Zip	ARTESIA NM 882110227	City State Zip	MIDLAND TX 79701

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information on this form and the certified list of wells is true to the best of my knowledge and belief

Additionally by signing below COG OPERATING LLC certifies that it has read and understands the following synopsis of applicable rules ______

Previous	Operator	New Ope	rator
Signature Printed Name	Raye Miller	Signature Printed Name	Gregory K Daggett
Tıtle	Attorney-in-Fact	Title	Attorney-in Fact
Date	10/7/10 Phone 575-7483303	Date	10/7/10 Phone 432-686-3083

NMOCD Approval							
Electronic Signature Randy Dade, District 2							
Date October 22, 2010							

 \wedge

1

Submit 3 Copies To Appropriate District Office	State of New Energy Minerals and N		Form C-103 June 19 2008				
<u>District I</u> 1625 N French Dr Hobbs, NM 88240			WELL API NO				
301 W Grand Ave Artesia NM 88210	OIL CONSERVATION	ON DIVISION	30-015 38017.7				
District III	1220 South St Francis Dr		5 Indicate Type of Lease STATE X F	TEE 🗍			
1000 Rio Brazos Rd Aztec NM 87410 District IV	Santa Fe NM		6 State Oil & Gas Lease 1				
1220 S St. Francis Dr Santa Fe NM							
87505 SUNDRY NOT	ICES AND REPORTS ON WEL	15	7 Lease Name or Unit Ag	mannant Noma			
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR	PLUG BACK TO A	/ Lease Manie of Onit Ag	reement mame			
DIFFERENT RESERVOIR. USE APPLI PROPOSALS)	DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT (FORM C 101) FOR SUCH						
1 Type of Well Oil Well	Gas Well 🔲 Other		SRO State Unit Com 8 Well Number #16H				
2 Name of Operator		<u> </u>	9 OGRID Number				
	Operating, LLC		229137				
3 Address of Operator			10 Pool name or Wildcat				
	am Artesia, NM 88210		Hay Hollow Bone Spring				
4 Well Location							
· · · · · · · · · · · · · · · · · · ·			_330feet from theWest				
Section 20	Township 26S	Range 28E		County Eddy			
	11 Elevation (Show whether L GR, 312						
				<u> </u>			
12 Check A	Appropriate Box to Indicate	Nature of Notice	Report or Other Data				
NOTICE OF IN	TENTION TO	SUB	SEQUENT REPORT (DF			
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WOR		NG CASING 🔲			
	CHANGE PLANS	COMMENCE DRI					
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	ГЈОВ 🔲				
THER BHL Change		OTHER					
				_			
13 Describe proposed or compl	leted operations (Clearly state a	ll pertinent details, and	give pertinent dates includu	ng estimated date			
of starting any proposed wo or recompletion	rk) SEE RULE 1103 For Mult	uple Completions Att	ach wellbore diagram of prop	oosed completion			
or recompletion							
COG Operating LLC respectfully re	quests approval for the following	change in BHL					
From 660 FSL & 330 FEL	•		T DEOLIVE	50			
To 330 FNL & 380 FWL Unit	י ט		RECEIVE				
			DEC 0920	10			
			NMOCD ART	ESIA			
			NINOCC				
			······································				
Spud Date	Rig Release I	Date					
		L	·				
I hereby certify that the information a	bove is true and complete to the	best of my knowledge	and belief				
1/1	-						
SIGNATURE KANDA CO	TITLE_Administrativ	ve Assistant	_DATE12/8/2010	<u> </u>			
Easte or print name Kanda Rohmson	E mail address krohnson	antcharacourses com	DUONE 575 740 (040				
State Use Only	Tape or print name Kanda Robinson E mail address krobinson@conchoresources com PHONE 575 748 6940						
APPROVED BY							
Conditions of Approval (if any)		3.	······				
				add			

DISTRICT I 1625 N. FERNCH DR., HOBBS, MM 68240

State of New Mexico

Energy Minerals and Natural Resources Department

DISTRICT II 1301 W GRAND AVENUE, ARTRELA, NO 88210

Y=371342 8 N

X=566864 3 E

Y=371328 3

X=5681857 E

OIL CONSERVATION DIVISION 1220 SOUTH ST FRANCIS DR Santa Fe New Mexico 87505

Form C-102 Revised October 12 2005 Submit to Appropriate District Office State Lease - 4 Copies Pee Lease - 3 Copies

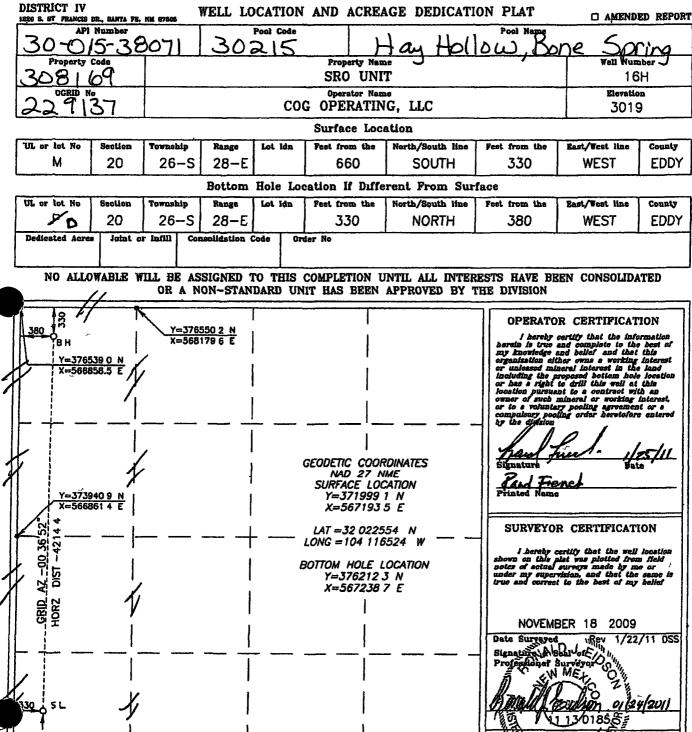
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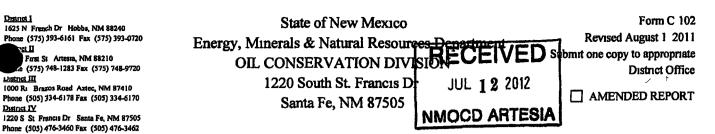
12841

3239

DISTRICT III 1000 Rio Brazos Rd Aztec NM 87410



<u>District I</u> 1625 N. French Dr., He			of New Me			Ferm C-10 Permit 12837
Phone:(505) 393-6161 1 District II	Fax:(505) 393-0720		rals and Natura		WELL API NUM	BER
1301 W. Grand Ave., A			servation I			5-38071
Phone:(505) 748-1283 P District III	7ax:(505) 748-9720	1220 S	. St Franci	s Dr.		
1000 Rio Brazos Rd., A	Lztec, NM 87410	Santa	Fe, NM 8	7505	5. Indicate Type o	of Lesse
Phone:(505) 334-6178 1	Fax:(505) 334-6170					S
District IV 1220 S. St Francis Dr., Phone:(505) 476-3470 B					6. State Oil & Ga	s Lesse No.
S	UNDRY NOTICES	AND REPORTS	ON WELLS		7. Lesse Name or	Unit Agreement Name
	FORM FOR PROPOSA				SRO ST	TATE UNIT
A DIFFRENT RESER	RVIOR. USE "APPLICS	ATION FOR PERMIT	" (FORM C-101)	FOR SUCH	8. Well Number	
1. Type of Well:O					016H	
2. Name of Operator					9. OGRID Numbe	r
	COG OPI	ERATING LLC			1	29137
3. Address of Operator		and the second sec			10. Pool name or	Wildcet
	0 W TEXAS , SUITE 1	300, MIDLAND, T	TX 79701			
4. Well Location						
Unit Letter M :	660 feet from		and <u>330</u>	feet from the	Wline	
Section 20	Township	26\$	Range 2	SE NAPM	Eddy	County
		11. Elevation (Show with	attar DR KB BT	(FR atr.)		
			019 GR	Osc, etc.)		
Pit or Below-ande Task	Application ar Closure			100 C		
	pth to Groundwater		fesh water well	Distance from	searest surface wate	×
Pit Liner Thickness:		w-Grade Tank: Volume_		bls; Construction M		
ļ	12. Check Appropr	iate Box to Indica	te Nature of N	otice, Report of	or Other Data	
	CE OF INTENTIO			•	T REPORT O	DF:
PERFORM REMEDI	IAL WORK T PLUG	AND ABANDON	REMEDIAL V	VORK	ALTER C	ASING
TEMPORARILY AB	JANDON T CHAN	GE OF PLANS	COMMENCE	DRILLING OPNS	PLUG AN	DABANDON
PULL OR ALTER C.	ASING MULT	PLE COMPL	CASING CEM			_
Other:			Other: Drillin	g/Cement		×
	completed operations. (Clear					ning any proposed
	For Multiple Completions: e to 305'. Set 13 3/8" 4					C 18 hrs. Test to
500=.3/4/2011 Spudde						
The second second second						
Casing and Cement Prog			Ent. Dut			
Date String	Fluid Hole Cs	sg Weight Grade	Est Dpth TOC Set	Sacks Yield (.(355	Pres Pres Open Held Drop Hole
Date Sung .	Type Size Siz					
03/04/11 Surf	17.5 13.37	75 48 H40	0 305	350		500 0
03/04/11 Surf		complete to the best of m CD guidelines (, a gene	y knowledge and be	lief. I further certify t attached) alternative		-erade tank has
03/04/11 Surf	17.5 13.37 immation above is true and o closed according to NMOO ctronically Signed	complete to the best of m CD guidelines (, a gene	y knowledge and be ral permit for an (roduction Report	lief I forther certify t attached) alternative ing Mgr	OCD-approved plan DATE 3/8/2	-grade tank has
03/04/11 Surf hereby certify that the infb seen will be constructed or SIGNATURE Elec	17.5 13.37 immation above is true and o closed according to NMOO ctronically Signed	complete to the best of m CD guidelines [, e gene TITLE Pt E-mail address	y knowledge and be ral permit for an (roduction Report	lief I forther certify t attached) alternative ing Mgr	OCD-approved plan DATE 3/8/2	-grade tank has 1011 No. 432-683- 7443



WELL LOCATION AND ACREAGE DEDICATION PLAT

· I	API Numbe	r		¹ Pool Cod	e	³ Pool Name				
30	-015-380	71		30215		Hay Hollow, Bone Spring				
* Property	Code			⁵ Property Name ⁶ Well Nur					⁶ Well Number	
30816	9		SRO State Unit						16H	
'OGRID	No	······································	⁸ Operator Name						⁹ Elevation	
22913	7			COG Operating LLC 3019' GH					3019' GR	
					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	
Μ	20	26S	28E		660	South	330	West	Eddy	
	·	L	ⁿ Bc	ottom Ho	le Location I	f Different From	n Surface			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South ine	Feet from the	East/West line	County	
D	20	26S	28E		331	North	369	West	Eddy	
Dedicated Acres	Joint of	r Infill * C	onsolidation	Code ¹⁵ Or	der No.	· · · · · · · · · · · · · · · · · · ·				
160										

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

	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herem is true and complete
	to the best of my knowledge and belief, and that this arganization either
357 BH	owns a working interest or unleased numeral interest in the land including
A CONTRACTOR OF	
	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
And the second s	heretofore entered by the disson
Contract in the second state	6/28/12
The second se	Signature Date
	Stormi Davis
	Printed Name
	sdavis@concho com
and the second	E-mail Address
the second s	
	"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
Contraction of the second seco	Date of Survey
and the state of the second	
	Stgnature and Seal of Professional Surveyor
22 Children Burnel	REFER TO ORIGINAL PLAT
	ACTER IV URIDINAL FLAT
	Certificate Number
	l