

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
AUG 29 2012
NMOGD ARTESIA

FORM APPROVED
OMB NO 1004-0137
Expires July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT

AND LOG

LEASE DESIGNATION AND SERIAL NO

NMNM057239

State Surf
Minerals

1a Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other
b Type of Completion ☒ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Diff Resrv
Other

6 INDIAN ALLOTTEE OR TRIBE NAME

7 UNIT AGREEMENT

8 FARM OR LEASE NAME

Lizard Pot Federal Com #3H

Fed

9 API WELL NO

30-015-38147

Min.

2 Name of Operator

COG Operating LLC

3 Address

2208 W Main Street
Artesia, NM 88210

3a Phone No (include area code)

575-748-6940

4 Location of Well (Report location clearly and in accordance with Federal requirements)*

At surface 1650' FSL & 2310' FEL, Unit J (NWSE)

At top prod Interval reported below

At total depth

10 FIELD NAME

WC Williams Sink; Bone Spring

11 SEC T R M OR BLOCK AND SURVEY
OR AREA 36 T 19S R 31E

12 COUNTY OR PARISH 13 STATE

Eddy

NM

14 Date Spudded

6/28/12

15 Date T D Reached

7/27/12

16 Date Completed

8/3/12

☒ D & A

☐ Ready to Prod

17 ELEVATIONS (DF, RKB, RT, GR, etc)*

3487'

GR

3504'

KB

18 Total Depth

MD

4008'

TVD

19 Plug back T D

MD

TVD

20 Depth Bridge Plug Set

MD

TVD

21 Type Electric & other Logs Run (Submit a copy of each)

None

22 Was well cored?

☒ No

☐ Yes (Submit analysis)

Was DST run?

☒ No

☐ Yes (Submit report)

Directional Survey?

☒ No

☐ Yes (Submit copy)

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 1/2"	13 3/8" J55	54.5#	0	900'		900 sx		0	None

24 Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25 Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No of Holes	Perf Status
A)						
B)						
C)						
D)						

26 Perforation Record

27 Acid, Fracture Treatment, Cement Squeeze, Etc

Depth Interval	Amount and Type of Material
2772-3162'	300 sx cmt plug
2551-2620'	175 sx cmt plug
2430-2540'	150 sx cmt plug
545-1076'	300 sx cmt plug
50' to Surface	35 sx cmt plug

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
			→						
Choke Size	Tbg Press Flwg SI	Csg Press	24 Hr Rate	Oil Bbl	Gas MCF	Water Bbl	Gas Oil Ratio	Well Status	
			→						

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 SI	Csg Press	24 Hr Rate	Oil Bbl	Gas MCF	Water Bbl	Gas Oil Ratio	Well Status	
			→						

ACCEPTED FOR RECORD
D&A
AUG 26 2012
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

AW

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 Flow SI	Csg. Press	24 Hr. Rate →	Oil Bbl	Gas MCF	Water Bbl	Gas Oil Ratio	Well Status	

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)

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

[illegible]

32 Additional remarks (include plugging procedure)

33 Indicate which items have been attached by placing a check in the appropriate boxes

- ☐ Electrical/ Mechanical Logs (1 full set required)
 ☐ Geologic Report
 ☐ DST Report
 ☒ Directional Survey
☒ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
☒ Other
 Deviation Report

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

Name (please print) Stormi Davis

Title Regulatory Analyst

Signature _____

Date 8/20/12

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.

Submit To Appropriate District Office Two Copies 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 and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-105 Revised August 1, 2011	
		1. WELL API NO.		30-015-38147	
		2. Type of Lease		<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> FED/INDIAN	
		3. State Oil & Gas Lease No.			
WELL COMPLETION OR RECOMPLETION REPORT AND LOG					
4. Reason for filing:				5. Lease Name or Unit Agreement Name	
<input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)				Lizard Pot Federal Com	
7. Type of Completion:				6. Well Number:	
<input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER				3H	
8. Name of Operator				9. OGRID	
COG Operating LLC				229137	
10. Address of Operator				11. Pool name or Wildcat	
2208 W. Main Street				WC Williams Sink; Bone Spring	
Artesia, NM 88210					
12. Location	Unit Ltr	Section	Township	Range	Lot
Surface:	J	36	19S	31E	
BH:					
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released	16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.)
6/28/12	7/27/12	8/3/12	8/3/12		3487' GR
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?	21. Type Electric and Other Logs Run
4008'		Surface		Yes	None
22. Producing Interval(s), of this completion - Top, Bottom, Name					
23. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	54.5#	900'	17 1/2"	900 sx	0
24. LINER RECORD			25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE
26. Perforation record (interval, size, and number)			27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.		
			DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED		
			2772-3162' 300 sx cmt plug		
			2551-2620' 175 sx cmt plug		
			2430-2540' 150 sx cmt plug		
			545-1076' 300 sx cmt plug		
50' to Surface			35 sx cmt plug		
28. PRODUCTION					
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)		Well Status (Prod. or Shut-in)	
				D&A	
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.
29. Disposition of Gas (Sold, used for fuel, vented, etc.)					30. Test Witnessed By
31. List Attachments					
Deviation Report, Directional Survey					
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.					
33. If an on-site burial was used at the well, report the exact location of the on-site burial:					
Latitude			Longitude		
			NAD 1927 1983		
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief					
Signature <i>Stormi Davis</i>		Printed Name: Stormi Davis		Title: Regulatory Analyst	
				Date: 8/30/12	
E-mail Address: sdavis@concho.com					

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy	T. Canyon	T. Ojo Alamo	T. Penn A"
T. Salt	T. Strawn	T. Kirtland	T. Penn. "B"
B. Salt	T. Atoka	T. Fruitland	T. Penn. "C"
T. Yates	T. Miss	T. Pictured Cliffs	T. Penn. "D"
T. 7 Rivers	T. Devonian	T. Cliff House	T. Leadville
T. Queen	T. Silurian	T. Menefee	T. Madison
T. Grayburg	T. Montoya	T. Point Lookout	T. Elbert
T. San Andres	T. Simpson	T. Mancos	T. McCracken
T. Glorieta	T. McKee	T. Gallup	T. Ignacio Otzte
T. Paddock	T. Ellenburger	Base Greenhorn	T. Granite
T. Blinebry	T. Gr. Wash	T. Dakota	
T. Tubb	T. Delaware Sand	T. Morrison	
T. Drinkard	T. Bone Springs	T. Todilto	
T. Abo	T.	T. Entrada	
T. Wolfcamp	T.	T. Wingate	
T. Penn	T.	T. Chinle	
T. Cisco (Bough C)	T.	T. Permian	

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....
No. 2, from.....to.....
No. 3, from.....to.....
No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from	to	feet
No. 2, from	to	feet
No. 3, from	to	feet

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet..	Lithology

From	To	Thickness In Feet	Lithology