

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Serial No. NMNM111946
2. Name of Operator COG OPERATING LLC Contact: KANICIA CASTILLO E-Mail: kcastillo@conchoresources.com	6. If Indian, Allottee or Tribe Name
3a. Address ONE CONCHO CENTER 600 W. ILLINOIS AVENUE MIDLAND, TX 79701	7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 432-685-4332	8. Well Name and No. TOMBSTONE FEDERAL 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T19S R25E Mer NMP 660FSL 1650FEL	9. API Well No. 30-015-33850 3389160
	10. Field and Pool, or Exploratory CEMETARY MORROW
	11. County or Parish, and State EDDY COUNTY, NM

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

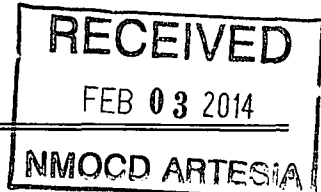
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input checked="" 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 recompleate 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

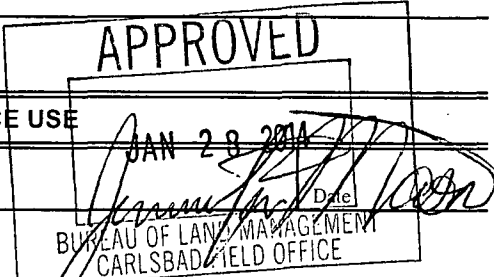
COG Operating LLC respectfully requests to recompleate to the Bone Spring and reclassify this well as an oil well.

Please see attached procedure.

- 1.) MIRU CU. Load hole. ND wellhead, NU BOP. TOH with tubing, laying down.
- 2.) Rig up wireline. RIH with CIBP and set at 9420???. Dump 35?? of cement on plug.
- 3.) Pick up and TIH with 2???? tubing to PBTD. Circulate hole with 3% KCl water. TOH.
- 4.) Perforate Bone Spring with 3???? casing guns, premium charges, 120⁰ phasing, 3 SPP in the following intervals:
6542??, 6562??, 6575??, 6589??, 6596??, 6603??, 6613??, 6624??, 6710??, 6720??, 6734??, 6749??, 6746??, 6755??

Accepted for record
NMOC D 709
2-4-14SEE ATTACHED FOR
CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct. Electronic Submission #230014 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by JOHNNY DICKERSON on 01/17/2014 ()	
Name (Printed/Typed) KANICIA CASTILLO	Title PREPARER
Signature (Electronic Submission)	Date 12/18/2013
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By _____	Title _____
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.

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

CPC 1/28/14

Additional data for EC transaction #230014 that would not fit on the form

32. Additional remarks, continued

Rig down wireline.

5.) TIH with tubing and tension packer. Set packer at 6500??. Swab well and report results.

6.) Rig up a pumping service company. Acidize interval with 3000 gallons of 15% HCl and 72 ball sealers at 5 BPM. Over displace 5 bbls.

7.) Swab back load.

8.) If shows warrant, move in pumping service company to frac the Bone Spring

9.) Flow back frac

10.) Install artificial lift.

Tombstone Fed #1

- 1.) MIRU CU. Load hole. ND wellhead, NU BOP. TOH with tubing, laying down.
- 2.) Rig up wireline. RIH with CIBP and set at 9420'. Dump 35' of cement on plug.
- 3.) Pick up and TIH with 2 $\frac{7}{8}$ " tubing to PBTD. Circulate hole with 3% KCl water. TOH.
- 4.) Perforate Bone Spring with 3 $\frac{1}{2}$ " casing guns, premium charges, 120° phasing, 3 SPF in the following intervals:

**6542', 6562', 6575', 6589', 6596', 6603', 6613', 6624', 6710', 6720', 6734', 6740', 6746',
6755'**

Rig down wireline.

- 5.) TIH with tubing and tension packer. Set packer at 6500'. Swab well and report results.
- 6.) Rig up a pumping service company. Acidize interval with 3000 gallons of 15% HCl and 72 ball sealers at 5 BPM. Over displace 5 bbls.
- 7.) Swab back load.
- 8.) If shows warrant, move in pumping service company to frac the Bone Spring
- 9.) Flow back frac
- 10.) Install artificial lift.

Cemetery

Well ID Info:	
API No:	30-015-33896
Spud Date:	2/20/2005

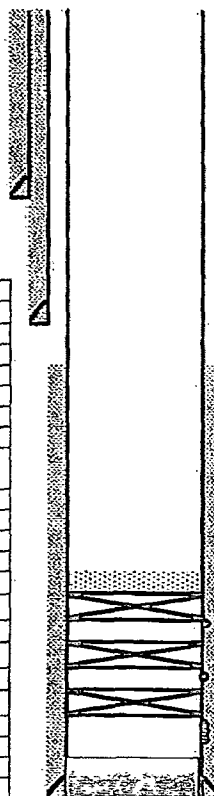
	Location:
Footage:	660' FSL & 1650' FEL
Section:	35
Township	19S
Range	25E
County:	Eddy
Elevations:	
GL:	3456
KB:	3473
KB Calc:	17
BHL	

[illegible]

CURRENT

[illegible]

Rod Detail (top to bottom)			
Rods	Description	Footage	Depth



TD 10000'
PBTD 9947'

Csg:	13 3/8" 54# J55
Set @	313
Cement w/	425 sx
circ.	175 sx

Csg:	9 5/8" 36# J55
Set @	1025'
Cement w/ circ.	300 149 sx

TOC 2800' by TS

Bone Spring perfs 6542, 62, 75, 89, 96, 6603, 13, 26, 3 SPF

Bone Spring perfs 6710, 20, 34, 40, 46, 55, 3 SPF

CIBP @ 9420'+ 35' CEMENT
U.: Morrow perms 9456-9460'
Cement retainer AT 9500'
M.: Morrow perms 9522-9524' - SQUEEZED WITH 50 SX
CIBP @ 9560'
L.: Morrow perms 9570-9562'

Csg: 5 1/2" 17# P110
 Depth: 9998'
 Cement w/ 1900 sx (2 stages)
Circ 1st stg, TOC 2800' on 2nd stg
 DV 6860'

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 30-015-33896	² Pool Code 97711	³ Pool Name WC;Seven Rivers;Bone Spring
⁴ Property Code 308172	⁵ Property Name Tombstone Federal	⁶ Well Number 1
⁷ OGRID No. 229137	⁸ Operator Name COG Operating LLC	⁹ Elevation 3456

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
O	35	19S	25E		660	South	1650	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

¹² Dedicated Acres 40	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.

¹⁶ 	¹⁷ 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. Signature Date 12/17/13 Printed Name Kanicia Castillo E-mail Address kcastillo@concho.com
	¹⁸ 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.
	Date of Survey Signature and Seal of Professional Surveyor:
	Certificate Number

**Tombstone Federal 1
30-015-33860
COG Operating, LLC.
January 28, 2014
Conditions of Approval**

Notify BLM at 575-361-2822 a minimum of 24 hours prior to commencing work.

Work to be completed by April 28, 2014.

- 1. Operator shall place CIBP at 9,420' with 25sx Class H Cement on top to cover the top of the Morrow formation. Tag required at a minimum of 9,220' or shallower.**
- 2. Must conduct a casing integrity test to max treating pressure before perforating and fracturing. Submit results to BLM. Notify BLM if test fails.**
- 3. Prior to abandoning the Bone Spring formation the operator must submit an NOI to properly plug back the Wolfcamp formation, as it cannot be done at this time due to the proximity of Bone Spring perforations.**
4. Before casing or a liner is added or replaced, prior BLM approval of the design is required. Use notice of intent Form 3160-5.
5. Surface disturbance beyond the originally approved pad must have prior approval.
6. Closed loop system required.
7. All waste (i.e. drilling fluids, trash, salts, chemicals, sewage, gray water, etc.) created as a result of work over operations shall be safely contained and disposed of properly at a waste disposal facility. No waste material or fluid shall be disposed of on the well location or surrounding area. Porto-johns and trash containers will be on-location during fracturing operations or any other crew-intensive operations.
8. Operator to have H2S monitoring equipment on location.
9. A minimum of a **3000 (3M)** BOP to be used. All blowout preventer (BOP) and related equipment (BOPE) shall comply with reasonable well control requirements. A two ram system with a blind ram and a pipe ram designed for the size of the work string shall be adequate. Tapered work strings will require an additional pipe ram. The manifold shall comply with Onshore Oil and Gas Order #2 Attachment I (3M Diagrams of Choke Manifold Equipment). The accumulator system shall have an immediately available power source to close the rams and retain 200 psi above pre-charge. The pre-charge test shall follow requirements in Onshore Order #2.

10. Subsequent sundry required detailing work done, a C-102 form, and completion report for the new formations. Operator to include well bore schematic of current well condition when work is complete.
11. See attached for general requirements.

JAM 012814

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

General Requirements for Plug Backs

Failure to comply with the following Conditions of Approval may result in a Notice of Incidents of Noncompliance (INC) in accordance with 43 CFR 3163.1.

1. Plugging operations shall commence within **ninety (90)** days from this approval.

If you are unable to plug back the well by the 90th day provide this office, prior to the 90th day, with the reason for not meeting the deadline and a date when we can expect the well to be plugged back. Failure to do so will result in enforcement action.

2. **Notification:** Contact the appropriate BLM office at least 24 hours prior to the commencing of any plug back operations. For wells in Eddy County, call 575-361-2822.

3. **Blowout Preventers:** A blowout preventer (BOP), as appropriate, shall be installed before commencing any plugging operation. The BOP must be installed and maintained as per API and manufacturer recommendations. The minimum BOP requirement is a 2M system for a well not deeper than 9,090 feet; a 3M system for a well not deeper than 13,636 feet; and a 5M system for a well not deeper than 22,727 feet.

4. **Mud Requirement:** Mud shall be placed between all plugs. Minimum consistency of plugging mud shall be obtained by mixing at the rate of 25 sacks (50 pounds each) of gel per 100 barrels of **brine** water. Minimum nine (9) pounds per gallon.

5. **Cement Requirement:** Sufficient cement shall be used to bring any required plug to the specified depth and length. Any given cement volumes on the proposed plugging procedure are merely estimates and are not final. Unless specific approval is received, no plug except the surface plug shall be less than 25 sacks of cement. Any plug that requires a tag will have a minimum WOC time of 4 hours.

In lieu of a cement plug across perforations in a cased hole (not for any other plugs), a bridge plug set within 50 feet to 100 feet above the perforations shall be capped with 25 sacks of cement.

Before pumping cement on top of CIBP, tag will be required to verify depth. Based on depth, a tag of the cement may be deemed necessary.

Unless otherwise specified in the approved procedure, the cement plug shall consist of either **Neat Class "C"**, for up to 7,500 feet of depth or **Neat Class "H"**, for deeper than 7,500 feet plugs.

6. **Subsequent Plug back Reporting:** Within 30 days after plug back work is completed, file one original and three copies of the Subsequent Report, Form 3160-5 to BLM. The report should give in detail the manner in which the plug back work was carried out, the extent (by depths) of cement plugs placed, and the size and location (by depths) of casing left in the well. **Show date work was completed.**

7. **Trash:** All trash, junk and other waste material shall be contained in trash cages or bins to prevent scattering and will be removed and deposited in an approved sanitary landfill. Burial on site is not permitted.