

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 Department

JAN 20 2015

Form C-104
Revised August 1, 2011Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit to Appropriate District Office

RECEIVED

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address		OGRID Number
Lynx Petroleum Consultants, Inc. P.O. Box 1708 Hobbs, NM 88241		13645
		Reason for Filing Code/Effective Date
		RC 12/2014
API Number	Pool Name	Pool Code
30-015-32374	CARLSBAD;STRAWN,SOUTH(GAS)	74120
Property Code	Property Name	Well Number
312173	WALTERTHON.FEE	002

II. Surface Location

UL or Lot	Section	Twnshp	Range	Lot ID	Feet from the	North/South Line	Feet from the	East/West Line	County
D	21	22S	27E		855	NORTH	660	WEST	EDDY

Bottom Hole Location

UL or Lot	Section	Twnshp	Range	Lot ID	Feet from the	North/South Line	Feet from the	East/West Line	County
Lse Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				
P	Flowing	1/29/03							

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
33479	HOLLYFRONTIER REFINING	O
36785	DCP MIDSTREAM	G
NM OIL CONSERVATION ARTESIA DISTRICT JAN 21 2015 RECEIVED		

IV. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC/MC
12/1/14	12/6/14	12,303'	10,785'	10,270-10,417	
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		
17 1/2	13 3/8	401	425 SX		
12 1/4	9 5/8	1755	600 SX		
8 3/4	7	9032	1600 SX		
4 1/2	6 1/8	11990	300 SX		

V. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
12/11/14	12/11/14	12/20/14	24 HRS.	350	
Choke Size	Oil	Water	Gas	AOF	Test Method
0	0	0	96		Flowing

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:

Debbie McKelvey

Printed name:

Debbie McKelvey

Title:

Approved by:

Title:

Approval Date:

Agent:

E-mail Address:

debmcKelvey@earthlink.net

Date:

1/16/15

Phone:

575-392-3575

OIL CONSERVATION DIVISION

Approved by: [Signature]

Title: Dist 11 Supervisor

Approval Date: 2/6/15

Submit 1 Copy To Appropriate District
Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
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-103
Revised August 1, 2011

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-32374
1. Type of Well: Oil Well <input type="checkbox"/> X Gas Well Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Lynx Petroleum Consultants, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1708, Hobbs, NM 88241		7. Lease Name or Unit Agreement Name Walterthon Fee
4. Well Location Unit Letter D 855 feet from the North line and 660 feet from the West line Section 21 Township 22S Range 27E NMPM County Lea		8. Well Number 002
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3115' GL		9. OGRID Number 13645
		10. Pool name or Wildcat CARLSBAD;STRAWN,SOUTH(GAS)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER

OTHER: ☒ PLUGBACK STRAWN

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/1/14 MIRU pulling unit. Kill well as required with 2% KCL TFW. ND wellhead. NU BOP. Release 4-1/2" packer. TOOH.
12/2/14 RU E&P wireline. Run and set CIBP @ 10,820'. Spot 35' cement on top of CIBP to abandon Atoka zone.
12/4/14 TIH w/tubing OE to 10,420'. Spot 2 bbls. 15% HCL-NE-FE acid. TOOH.
12/6/14 NU full opening 4-1/2". 5000 psig WP valve on top of BOP. RU E&P wireline w/FULL LUBRICATOR. Perforate Strawn section w/4 JSPF 10,270-75', 10,349-58', and 10,414-17' (80' holes total).
12/8/14 Lubricate in and set 4-1/2" ASI-X-10K production packer at 10,200' set up as follows:
Pump out plug
Profile Nipple
6" Tailpipe
Packer
Profile Nipple
On/Off Tool
ND 4-1/2" valve. Circulate hole w/clean, corrosion inhibited 2% KCL TFW.
12/10/14 ND BOP. Land tubing and set at 10,200'. NU tree. Test annulus to 1000 psig for 15 minutes. RU kill truck on tubing. Pump out plug and displace spot acid.
12/11/14 Flow/Swab well in and return to production.
12/20/14 24-hr. test: 0 BO

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

SIGNATURE Debbie McKelvey TITLE Agent DATE 1/16/15

Type or print name Debbie McKelvey E-mail address: debcmckelvey@earthlink.net PHONE: 575-392-3575
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any):

Rendered Copy

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. 30-015-32374								
		2. Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN								
		3. State Oil & Gas Lease No.								
WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
4. Reason for filing: COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only)						5. Lease Name or Unit Agreement Name WALTER THION FEE				
<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)						6. Well Number: 002				
7. Type of Completion <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input checked="" type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator LYNX PETROLEUM CONSULTANTS, INC.				9. OGRID 13645						
10. Address of Operator P.O. BOX 1708, HOBBS, NM 88241				11. Pool name or Wildcat CARLSBAD:STRAWN,SOUTH(GAS)						
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	D	21	22S	27E		855	NORTH	660	WEST	EDDY
BIT:										
13. Date Spudded 12/1/14	14. Date T.D. Reached 12/22/02	15. Date Rig Released 12/11/14			16. Date Completed (Ready to Produce) 12/11/14			17. Elevations (DF and RKB, RT, GR, etc.) 3115' GL		
18. Total Measured Depth of Well 12303'		19. Plug Back Measured Depth 10,785'			20. Was Directional Survey Made? NO			21. Type Electric and Other Logs Run NONE		
22. Producing Interval(s), of this completion - Top, Bottom, Name ATOKA 10870-10876'										
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"		48#		401'		17 1/2"		425 SX Circ Surf		
9 5/8"		36#		1755'		12 1/4"		600 SX Circ Surf		
7"		23#		9032'		8 3/4"		1600 SX Circ Surf		
4 1/2"		11.6#		11990'		6 1/8"		300 SX 9000' CBL		
24. LINER RECORD										
SIZE	TOP	BOTTOM	SACKS CEMENT		SCREEN					
25. TUBING RECORD										
SIZE	DEPTH SET		PACKER SET							
2 3/8"	10,200'		10,200'							
26. Perforation record (interval, size, and number) 10,270-10,417', 4 jspl (80 holes) OPEN 10,870 - 10,876', 4 jspl (32 holes) P&A 11,670-11,822' (96 holes) P&A						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.				
DEPTH INTERVAL						AMOUNT AND KIND MATERIAL USED				
10,270-10,417'										
10,870-10,876'						1000 gals. 15T HCL-NE-FE				
11,670-11,822'						1500 gals. Clay Safe H				
28. PRODUCTION										
Date First Production 12/1/14		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing				Well Status (Prod. or Shut-in) Producing				
Date of Test 12/20/14	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 0	Gas - MCF 96	Water - Bbl 0	Gas - Oil Ratio			
Flow-Tubing Press 350	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl 0	Gas - MCF 96	Water - Bbl 0	Oil Gravity - API - (Corr.)				
29. Disposition of Gas (Sold, used for fuel, vented, etc.) SOLD								30. Test Witnessed By		
31. List Attachments										
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>Debbie McKelvey</i>		Printed Name Debbie McKelvey		Title Agent		Date 1/16/15				
E-mail Address debmcKelvey@earthlink.net										

Pending Copy

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 10211'	T. Kirtland	T. Penn. "B"
B. Salt 1641'	T. Atoka 10804'	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 Otzie
T. Paddock	T. Ellenburger	Base Greenhorn	T. Granite
T. Blinbry	T. Gr. Wash	T. Dakota	T. Morrow Clastics
T. Tubb	T. Delaware Sand 1860'	T. Morrison	T. Lower Morrow
T. Drinkard	T. Bone Springs 5324'	T. Todilto	
T. Abo	T. 1 st Bone Springs	T. Entrada	
T. Wolfcamp 9033'	T. 2 nd Bone Spring Sand	T. Wingate	
T. Penn	T. 3 rd Bone Spring Sand	T. Chinle	
T. Cisco (Bough C)	T. Morrow 11394'	T. Permian	

OIL OR GAS SANDS OR ZONES

No. 1, from
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

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
-1625 N. French Dr., Hobbs, NM 88240
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87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-28164
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator One Concho Center, 600 W Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name Lakewood Farms SWD 18
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>18</u> Township <u>19S</u> Range <u>26E</u> NMPM County <u>Eddy</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3385		9. OGRID Number 229137
		10. Pool name or Wildcat SWD; Devonian

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: Change SWD interval to Canyon ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

COG Operating LLC respectfully requests to make changes cement and casing depth for this current recompletion.

Wash down to plug at 8,650' and circulate hole clean.

Set 250' cement plug so we can set 7" casing.

Run 7" 26# HCL-80 csg and set at 8,400.

Cement to surface. Run CBL on 7".

Spud Date:

Rig Release Date:

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

SIGNATURE K. Castillo TITLE Lead Regulatory Analyst DATE 2/06/15

Type or print name Kanicia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332

For State Use Only

APPROVED BY: [Signature] TITLE Dist. Reg. Sec. DATE Feb 6 - 2015

Conditions of Approval (if any):