

Submit To Appropriate District Office Two Copies District I 1625 N French Dr , Hobbs, NM 88240 District II 1301 W Grand Avenue, 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 July 17, 2008
		1. WELL API NO. <div style="text-align: right;">30-015-37142</div>
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input 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 <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)		5 Lease Name or Unit Agreement Name <div style="text-align: center;">SRO State Unit</div>
		6 Well Number <div style="text-align: center;">9H</div>
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER		
8 Name of Operator <div style="text-align: center;">COG Operating LLC</div>		9. OGRID <div style="text-align: center;">229137</div>
10. Address of Operator 2208 W. Main Street Artesia, NM 88210		11. Pool name or Wildcat <div style="text-align: center;">Delaware River; Bone Spring</div>
12. Location	Unit Ltr	Section
Surface:	M	33
BH:	D	33
13 Date Spudded 6/11/11		14 Date T.D Reached 6/22/11
15. Date Rig Released 6/25/11		16. Date Completed (Ready to Produce) 10/10/11
17 Elevations (DF and RKB, RT, GR, etc) 2995' GR		
18 Total Measured Depth of Well 11150'		19 Plug Back Measured Depth 11108'
20 Was Directional Survey Made? Yes		21. Type Electric and Other Logs Run DSN, DLL
22 Producing Interval(s), of this completion - Top, Bottom, Name 6870-11089' Bone Spring		
CASING RECORD (Report all strings set in well)		
CASING SIZE	WEIGHT LB./FT	DEPTH SET
13 3/8"	48#	375'
9 5/8"	36#	2394'
5 1/2"	17#	11150'
24. LINER RECORD		25. TUBING RECORD
SIZE	TOP	BOTTOM
SACKS CMT		SCREEN
SIZE		DEPTH SET
2 7/8"		6095'
PACKER SET		6088'
26. Perforation record (interval, size, and number) <div style="text-align: center;">6870-11089'</div>		27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 6870-11089' Acdz w/38766 gal 15% acid; Frac w/4013423# sand & 2863480 gal fluid
PRODUCTION		
Date First Production 10/21/11		Production Method (Flowing, gas lift, pumping - Size and type pump) <div style="text-align: center;">Pumping</div>
Well Status (Prod. or Shut-in) <div style="text-align: center;">Producing</div>		
Date of Test 10/22/11	Hours Tested 24	Choke Size 38/64"
Prod'n For Test Period	Oil - Bbl 462	Gas - MCF 3180
Water - Bbl. 2713	Gas - Oil Ratio	
Flow Tubing Press. 1800#	Casing Pressure 900#	Calculated 24-Hour Rate
Oil - Bbl. 462	Gas - MCF 3180	Water - Bbl. 2713
Oil Gravity - API - (Corr.)		
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold		30 Test Witnessed By Adam Olguin
31. List Attachments Logs, Deviation Report & Directional Surveys		
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:	Printed Name: Stormi Davis	Title: Regulatory Analyst
		Date: 10/24/11
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 821'	T. Strawn	T. Kirtland	T. Penn. "B"
B. Salt 2217'	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. Blinbry	T. Gr. Wash	T. Dakota	
T. Tubb	T. Delaware 2406'	T. Morrison	
T. Drinkard	T. Bone Spring 6088'	T. Todilto	
T. Abo	T.	T. Entrada	
T. Wolfcamp	T.	T. Wingate	
T. Penn	T.	T. Chinle	
T. Cisco-Canyon	T.	T. Permian	

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....

No. 3, from.....to.....

No. 2, 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



API Well Number Banner

Report Description

This report shows a Well's API Number in Barcode format for purposes of scanning. The Barcode format is Code 39.



30015371420000

30 15 37142

SRO STATE UNIT No.009H

COG OPERATING LLC

3/16/2012

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, 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
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised July 16, 2010
Submit one copy to appropriate
District Office
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-37142		² Pool Code 16800	³ Pool Name Delaware River; Bone Spring
⁴ Property Code 308169 ✓	⁵ Property Name SRO State Unit		⁶ Well Number 9H ✓
⁷ OGRID No. 229137 ✓	⁸ Operator Name COG Operating LLC		⁹ Elevation 2995'

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
M	33	25S	28E		330	South	430	West	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
D	33	25S	28E		341	North	406	West	Eddy

¹² Dedicated Acres 160	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.

				<p>¹⁷ OPERATOR CERTIFICATION <i>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</i></p> <p><i>Stormi Davis</i> 8/9/11 Signature Date</p> <p>Stormi Davis Printed Name</p> <p>sdavis@concho.com E-mail Address</p>
				<p>¹⁸ SURVEYOR CERTIFICATION <i>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</i></p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor</p> <p>REFER TO ORIGINAL PLAT</p> <p>Certificate Number</p>

RECEIVED
OCT 26 2011
NMOCD ARTESIA