

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

IAN 20 2015

Form C-104  
Revised August 1, 2011

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

RECEIVED

Submit to Appropriate District Office

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

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

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

P & A Artesia 12/21/14

**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	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:

OIL CONSERVATION DIVISION  
Approved by: *[Signature]*  
Title: *District 11 Supervisor*  
Approval Date: *2/6/15*

Agent:

E-mail Address:

debmckelvey@earthlink.net

Date: 1/16/15 Phone: 575-392-3575

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

Form C-103  
Revised August 1, 2011

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

WELL API NO. 30-015-32374
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Walterthon Fee
8. Well Number 002
9. OGRID Number 13645
10. Pool name or Wildcat CARLSBAD;STRAWN,SOUTH(GAS)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3115' GL

**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.)

1. Type of Well: Oil Well  **X Gas Well** Other

2. Name of Operator  
Lynx Petroleum Consultants, Inc.

3. Address of Operator  
P.O. Box 1708, Hobbs, NM 88241

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

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	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 JSPE 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: debmckelvey@earthlink.net PHONE: 575-392-3575  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

*Handwritten signature: Pending 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		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>				<b>Form C-105</b> 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.				
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>										
4. Reason for filing: <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)						5. Lease Name or Unit Agreement Name <b>WALTERTHON FEE</b>				
<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: <b>002</b>				
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 <b>LYNX PETROLEUM CONSULTANTS, INC.</b>				9. OGRID <b>13645</b>						
10. Address of Operator <b>P.O. BOX 1708, HOBBS, NM 88241</b>				11. Pool name or Wildcat <b>CARLSBAD:STRAWN,SOUTH(GAS)</b>						
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
BII:										
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 <b>ATOKA 10870-10876'</b>										
<b>23. CASING RECORD (Report all strings set in well)</b>										
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		
<b>24. LINER RECORD</b>						<b>25. TUBING RECORD</b>				
SIZE	TOP	BOTTOM		SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET		
						2 3/8"	10,200'	10,200'		
26. Perforation record (interval, size, and number) 10,270-10,417', 4 jspf (80 holes) OPEN 10,870-10,876', 4 jspf (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		
<b>28. PRODUCTION</b>										
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.) <b>SOLD</b>							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



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State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: Change SWD interval to Canyon <input checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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. Analyst DATE Feb 6 - 2015  
 Conditions of Approval (if any):