

NM OIL CONSERVATION
ARTESIA DISTRICT

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	OCT 31 2014 RECEIVED	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
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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 Coinflip State Com 6. Well Number: 2H																																	
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 COG Operating LLC	9. OGRID 229137																																	
10. Address of Operator 2208 W. Main Street Artesia, NM 88210	11. Pool name or Wildcat Parkway; Bone Spring																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>12. Location</th> <th>Unit Ltr</th> <th>Section</th> <th>Township</th> <th>Range</th> <th>Lot</th> <th>Feet from the</th> <th>N/S Line</th> <th>Feet from the</th> <th>E/W Line</th> <th>County</th> </tr> <tr> <td>Surface:</td> <td>D</td> <td>18</td> <td>20S</td> <td>30E</td> <td>1</td> <td>580</td> <td>North</td> <td>570</td> <td>West</td> <td>Eddy</td> </tr> <tr> <td>BH:</td> <td>A</td> <td>18</td> <td>20S</td> <td>30E</td> <td></td> <td>395</td> <td>North</td> <td>350</td> <td>East</td> <td>Eddy</td> </tr> </table>	12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	Surface:	D	18	20S	30E	1	580	North	570	West	Eddy	BH:	A	18	20S	30E		395	North	350	East	Eddy	
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County																								
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BH:	A	18	20S	30E		395	North	350	East	Eddy																								
13. Date Spudded 2/6/14	14. Date T.D. Reached 2/26/14	15. Date Rig Released 2/28/14	16. Date Completed (Ready to Produce) 10/9/14	17. Elevations (DF and RKB, RT, GR, etc.) 3307' GR																														
18. Total Measured Depth of Well 12343'	19. Plug Back Measured Depth 12343'	20. Was Directional Survey Made? Yes	21. Type Electric and Other Logs Run None																															
22. Producing Interval(s), of this completion - Top, Bottom, Name 8624-12243' Bone Spring																																		

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#	1535'	17 1/2"	1300 sx	0
9 5/8"	40#	3402'	12 1/4"	2050 sx	0
7"	29#	12338'	8 3/4"	2550 sx	0

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 7/8"	7790'	

26. Perforation record (interval, size, and number) 8624-12243' (468)	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	8624-12243'	Acid w/75912-gal 7 1/2%; Frac w/5864480# sand & 4834746 gal fluid
	7710'	Sqz w/600 sx

PRODUCTION

28. Date First Production 10/9/14		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) Pumping			Well Status (<i>Prod. or Shut-in</i>) Producing		
Date of Test 10/22/14	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 782	Gas - MCF 1536	Water - Bbl. 1989	Gas - Oil Ratio
Flow Tubing Press. 440#	Casing Pressure 300#	Calculated 24-Hour Rate	Oil - Bbl. 782	Gas - MCF 1536	Water - Bbl. 1989	Oil Gravity - API - (<i>Corr.</i>)	

29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) Flared	30. Test Witnessed By Tyler Deans
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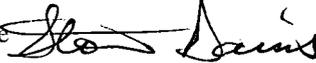
31. List Attachments
Surveys

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: 10/28/14
E-mail Address: sdavis@concho.com

