

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	NM OIL CONSERVATION Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 <div style="position: absolute; top: 10px; left: 10px; font-size: 2em; font-weight: bold; color: red;">RECEIVED</div> <div style="position: absolute; top: 10px; left: 10px; font-size: 1.5em; font-weight: bold;">JUN 22 2015</div>	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)	1. WELL API NO. 30-015-42578 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No.
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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	5. Lease Name or Unit Agreement Name CTA State Com
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8. Name of Operator COG Operating LLC	9. OGRID 229137
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10. Address of Operator 2208 W. Main Street Artesia, NM 88210	11. Pool name or Wildcat Santo Nino; Bone Spring
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12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	I	32	18S	30E		1980	South	190	East	Eddy
BH:	L	32	18S	30E		2193	South	344	West	Eddy

13. Date Spudded 3/12/15	14. Date T.D. Reached 3/26/15	15. Date Rig Released 3/27/15	16. Date Completed (Ready to Produce) 5/15/15	17. Elevations (DF and RKB, RT, GR, etc.) 3410' GR
18. Total Measured Depth of Well 12748'		19. Plug Back Measured Depth 12655'		20. Was Directional Survey Made? Yes
22. Producing Interval(s), of this completion - Top, Bottom, Name 8523-12615' Bone Spring				21. Type Electric and Other Logs Run None

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#	444'	17 1/2"	700 sx	0
9 5/8"	36#	1998'	12 1/4"	725 sx	0
5 1/2"	17#	12707'	8 3/4"	2700 sx	0

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 7/8"	7879'	

26. Perforation record (interval, size, and number) 8523-12555' (504) 12605-12615' (60)	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>8523-12555'</td> <td>Acidz w/84862 gal 7 1/2%; Frac w/6367585# sand & 5570355 gal fluid</td> </tr> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	8523-12555'	Acidz w/84862 gal 7 1/2%; Frac w/6367585# sand & 5570355 gal fluid
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28. PRODUCTION

Date First Production 5/16/15		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 5/25/15	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 671	Gas - MCF 400	Water - Bbl 1149	Gas - Oil Ratio
Flow Tubing Press. 350#	Casing Pressure 140#	Calculated 24-Hour Rate	Oil - Bbl 671	Gas - MCF 400	Water - Bbl 1149	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: 6/19/15
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E-mail Address: sdavis@concho.com

