

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

Form C-104
Revised August 1, 2011

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

Submit one copy to appropriate District Office

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COG Production LLC 2208 W. Main Street Artesia, NM 88210		² OGRID Number 217955
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 015-41571	⁵ Pool Name Hackberry; Bone Spring, North	⁶ Pool Code 97056
⁷ Property Code 40045	⁸ Property Name Firefox Federal Com	⁹ Well Number 4H

II. 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
L	4	19S	31E		1800	South	275	West	Eddy

¹¹ Bottom Hole Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
I	4	19S	31E		1984	South	341	East	Eddy

¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
F	P	7/14/15			

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
151618	Enterprise Field Services, LLC P.O. Box 4503 Houston, TX 77210-4503	O
147831	Agave Energy Company 105 S. 4 th Street Artesia, NM 88210	G

NM OIL CONSERVATION
 ARTESIA DISTRICT
 AUG 24 2015
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IV. Well Completion Data

²¹ Spud Date	²² Ready Date	²³ TD	²⁴ PBSD	²⁵ Perforations	²⁶ DHC, MC
5/23/15	7/8/15	13365'	13360'	8987-13310'	
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	720'	625		
12 1/4"	9 5/8"	2608'	850		
8 3/4"	5 1/2"	13365'	2750		
	2 7/8"	8360'			

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
7/14/15	7/14/15	7/20/15	24 Hrs	320#	170#
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas		
	255	1468	184		
			⁴¹ Test Method		
			Pumping		

⁴² 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: 

Printed name: Stormi Davis

Title: Regulatory Analyst

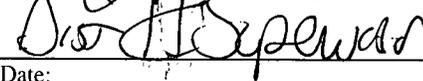
E-mail Address: sdavis@concho.com

Date: 8/19/15

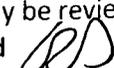
Phone: 575-748-6946

OIL CONSERVATION DIVISION

Approved by: 

Title: 

Approval Date: 8-26-15

Pending BLM approvals will subsequently be reviewed and scanned 

NM OIL CONSERVATION

ARTESIA DISTRICT

Form 3160-5
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AUG 24 2015

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. FIREFOX FEDERAL COM 4H
2. Name of Operator COG OPERATING LLC		9. API Well No. 30-015-41571
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946	10. Field and Pool, or Exploratory HACKBERRY; BONE SPRING
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 4 T19S R31E Mer NMP NWSW 1800FSL 275FWL		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

6/8/15 MIRU. Test 9 5/8" x 5 1/2" annulus to 1000#. Test good. Set CBP @ 13335'. Test csg to 8518#. Good test. Perforate 13114-13310' (36). Injection test.

6/16/15 to 6/21/15 Perforate 8987-13012' (504). Acdz 8987-13310' w/92046 gal 7 1/2%; Frac w/6857270# sand & 6079628 gal fluid.

6/29/15 to 7/6/15 Drilled out all plugs. Clean down to PBTD @ 13360'.

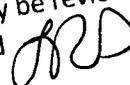
7/8/15 Set 2 7/8" 6.9# L-80 tbg @ 8360' & place well on pump.

7/14/15 Date of first production.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #313203 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) STORMI DAVIS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 08/19/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____

Pending BLM approvals will subsequently be reviewed and scanned 

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly to make any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction to any department or agency of the United States.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

NM OIL CONSERVATION

ARTESIA DISTRICT

Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AUG 24 2015

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED

5. Lease Serial No.
NNNM105217

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____		7. Unit or CA Agreement Name and No.	
2. Name of Operator COG OPERATING LLC		Contact: STORMI DAVIS E-Mail: sdavis@concho.com	
3. Address 2208 W MAIN ST ARTESIA, NM 88210		3a. Phone No. (include area code) Ph: 575-748-6946	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 4 T19S R31E Mer NMP At surface NWSW 1800FSL 275FWL At top prod interval reported below Sec 4 T19S R31E Mer NMP At total depth NESE 1984FSL 341FEL		8. Lease Name and Well No. FIREFOX FEDERAL COM 4H	
14. Date Spudded 05/23/2015		15. Date T.D. Reached 06/04/2015	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 07/08/2015		9. API Well No. 30-015-41571	
18. Total Depth: MD 13365 TVD 8887		19. Plug Back T.D.: MD 13360 TVD 8887	
20. Depth Bridge Plug Set: MD TVD		10. Field and Pool, or Exploratory HACKBERRY; BONE SPRING N	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE		11. Sec., T., R., M., or Block and Survey or Area Sec 4 T19S R31E Mer NMP	
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)		12. County or Parish EDDY	
23. Casing and Liner Record (Report all strings set in well)		13. State NM	
17. Elevations (DF, KB, RT, GL)* 3568 GL			

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	720		625		0	
12.250	9.625 J55	36.0	0	2608		850		0	
8.750	5.500 P110	17.0	0	13365		2750		0	

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	8360							

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	8987	13310	8987 TO 13310	0.430	540	OPEN
B)						
C)						
D)						

Depth Interval	Amount and Type of Material
8987 TO 13310	SEE IN REMARKS

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
07/14/2015	07/20/2015	24	→	255.0	184.0	1468.0			ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI	320	170.0	→	255	184	1468		POW	

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Well Status
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI			→						

Pending BLM approvals will
subsequently be reviewed
and scanned *[Signature]*

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
DELAWARE	4524	6525		RUSTLER	611
BONE SPRING LM	6526	7882		TOS	685
1ST BONE SPRING	7883	8771		BOS	2214
2ND BONE SPRING	8772	8904		YATES	2426
				SEVEN RIVERS	2699
				DELAWARE	4524
				BONE SPRING LM	6526
				1ST BONE SPRING	7883

32. Additional remarks (include plugging procedure):

Perfs 7 1/2" Sand (#) Fluid (gal)
 13114-13310 3000 449470 405822
 12819-13012 5999 451650 375431
 12524-12721 5999 451930 373043
 12224-12426 5999 524510 592673
 11935-12131 6972 457118 539637
 11640-11836 5999 452882 369668
 11345-11545 5999 456072 367778

33. Circle enclosed attachments:

- 1. Electrical/Mechanical Logs (1 full set req'd.)
- 2. Geologic Report
- 3. DST Report
- 4. Directional Survey
- 5. Sundry Notice for plugging and cement verification
- 6. Core Analysis
- 7 Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

**Electronic Submission #313208 Verified by the BLM Well Information System.
 For COG OPERATING LLC, sent to the Carlsbad**

Name (please print) STORMI DAVIS Title REGULATORY ANALYST

Signature _____ (Electronic Submission) Date 08/19/2015

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****

Additional data for transaction #313208 that would not fit on the form

32. Additional remarks, continued

11050-11247 6384 448885 428904
10750-10952 5982 456874 373059
10461-10657 5999 458428 388256
10166-10363 5964 452071 364500
9871-10070 6192 452500 377640
9577-9773 6258 451820 363804
9288-9478 5999 459491 399999
8987-9180 9300 433569 359415
Totals 92046 6857270 6079628

Additional Tops:
2nd Bone Spring 8772

Surveys attached.