

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 Operating LLC 2208 W. Main Street Artesia, NM 88210		² OGRID Number 229137
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 015-45771	⁵ Pool Name Purple Sage; Wolfcamp (Gas)	⁶ Pool Code 98220
⁷ Property Code 314867	⁸ Property Name Acadia Federal Com	⁹ Well Number 1H

II. ¹⁰ Surface Location

Ul or lot no. A	Section 11	Township 26S	Range 25E	Lot Idn	Feet from the 210	North/South Line North	Feet from the 1250	East/West line East	County Eddy
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¹¹ Bottom Hole Location

Ul or lot no. P	Section 14	Township 26S	Range 25E	Lot Idn	Feet from the 188	North/South Line South	Feet from the 368	East/West line East	County Eddy
¹² Lse Code P	¹³ Producing Method Code F	¹⁴ Gas Connection Date 7/10/19	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
	Chevron	O
298751	Lucid	G

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AUG 19 2019
DISTRICT II-ARTESIA O.C.D.

IV. Well Completion Data

²¹ Spud Date 3/29/19	²² Ready Date 7/10/19	²³ TD TVP 8671/19270'	²⁴ PBTD 19081'	²⁵ Perforations 9131-19068'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
26"	20"	387'	705		
17 1/2"	13 3/8"	1722'	1165		
12 1/4"	9 5/8"	8346'	1725		
8 1/2"	5 1/2"	19260'	4100		
	2 7/8"	8468			

V. Well Test Data

³¹ Date New Oil 7/10/19	³² Gas Delivery Date 7/10/19	³³ Test Date 7/10/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 730#	³⁶ Csg. Pressure 1751
³⁷ Choke Size 23/64"	³⁸ Oil 75	³⁹ Water 2254	⁴⁰ Gas 744		⁴¹ Test Method Flowing

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:

Amanda Avery

Printed name:
Amanda Avery

Title:
Regulatory Analyst

E-mail Address:
aavery@concho.com

Date:
8/13/19

Phone:
575-748-6962

OIL CONSERVATION DIVISION

Approved by:

Raymond W. Bradley

Title:

Geologist

Approval Date:

9-26-19

*Pending BLM approvals will
subsequently be reviewed and
scanned.*

DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240
Phone: (575) 393-8161 Fax: (575) 393-0720

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

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DISTRICT II-ARTESIA O.C.D.

Form C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-45771	Pool Code 98220	Pool Name Purple Sage; Wolfcamp (Gas)
Property Code 314867	Property Name ACADIA FEDERAL COM	Well Number 1H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3608.4'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	11	26-S	25-E		210	NORTH	1250	EAST	EDDY

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
P	14	26-S	25-E		188	SOUTH	368	EAST	EDDY

Dedicated Acres 640	Joint or Infill	Consolidation Code	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

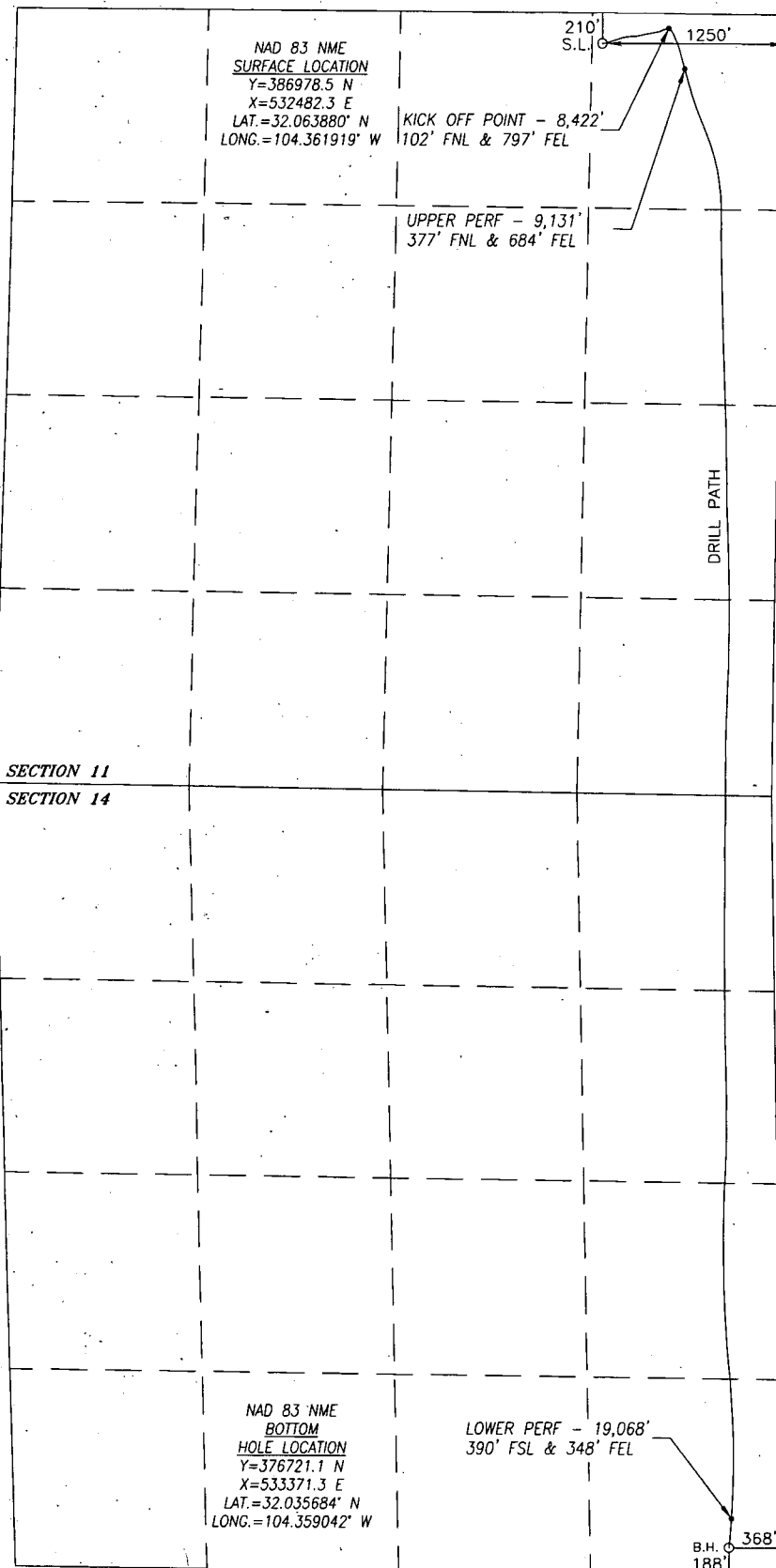
SEE PAGE 2

PAGE 1 OF 2

W.O. #19-1387

DRAWN BY: WN

Property Code 314867	Property Name ACADIA FEDERAL COM	Well Number 1H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3608.4'



BOREPATH SHOWN HEREON IS BASED ON DIRECTIONAL SURVEY REPORT PROVIDED BY COG OPERATING, LLC FOR THE ACADIA FEDERAL COM #1H SUPPLIED TO HARCROW SURVEYING, LLC ON JULY 19, 2019

1200 0 1200
SCALE: 1"=1200'

OPERATOR CERTIFICATION

I hereby certify that the information 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Amanda Avery 8/13/19
Signature Date

Amanda Avery

Printed Name

aaavery@concho.com

E-mail Address

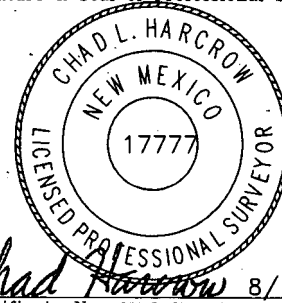
SURVEYOR CERTIFICATION

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.

JAN. 26, 2017/APRIL 29, 2019

Date of Survey/Date of Geographic Survey

Signature & Seal of Professional Surveyor



Chad Harcrow 8/12/19
Certificate No. CHAD HARCROW 17777

Intent ☐ As Drilled ☒

API #
30-015-45771

Operator Name:
COG OPERATING, LLC

Property Name:
ACADIA FEDERAL COM

Well Number
1H

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
A	11	26S	25E		102	NORTH	797	EAST	EDDY
Latitude					Longitude				NAD
32.064170					-104.360451				83

First Take Point (FTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
A	11	26S	25E		377	NORTH	684	EAST	EDDY
Latitude					Longitude				NAD
32.063411					-104.360099				83

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
P	14	26S	25E		390	SOUTH	348	EAST	EDDY
Latitude					Longitude				NAD
32.036237					-104.358988				83

Is this well the defining well for the Horizontal Spacing Unit?

☒ Yes

Is this well an infill well?

☐

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #

Operator Name:

Property Name:

Well Number

KZ 06/29/2018

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

AUG 19 2019

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to recomplete an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMNM113397

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
ACADIA FEDERAL COM 1H9. API Well No.
30-015-4577110. Field and Pool or Exploratory Area
PURPLE SAGE; WOLFCAMP GAS11. County or Parish; State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: AMANDA AVERY
E-Mail: aavery@concho.com3a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-6940

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 11 T26S R25E Mer NMP NENE 210FNL 1250FEL
32.063880 N Lat, 104.361919 W Lon

12. CHECK THE 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"/> Hydraulic Fracturing	<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	Hydraulic Fracture
	<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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

5/4/19 Test annulus to 1500# Set CBP @ 19,146 and test csg to 11,546#. Good test. Perf 19,121-19131' Injection test.

5/17/19 to 5/30/19 Perf 9,131-19,068' (1600). Acdz w/153,594 gal 7 1/2%; frac w/19,885,197# sand & 22,474,536 gal fluid.

6/3/19 to 6/5/19 Drilled out CFP's. Clean down to PBD @ 19,081'.

6/12/19 - 6/13/19 Set 2 7/8" 6.5# L-80 tbg @ 8,468' packer @ 8,458. Installed gas lift system.

7/10/19 Began flowing back & testing. Date of first production.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #477957 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad

Name (Printed/Typed) AMANDA AVERY

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 08/13/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make States any false, fictitious or fraudulent statements or representations

(Instructions on page 2)

** OPERATOR-SUBMITTED **

** OPERATOR-SUBMITTED **

Pending BLM approvals will
subsequently be reviewed and
scanned.

by department or agency of the United

Rw 9-26-19

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Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AUG 19 2019

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOGS

DISTRICT ARTESIA O.C.D.

1a. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			5. Lease Serial No. NMNM113397		
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 _____			6. If Indian, Allottee or Tribe Name		
2. Name of Operator COG OPERATING LLC			Contact: AMANDA AVERY E-Mail: aavery@concho.com		
3. Address 2208 W MAIN STREET ARTESIA, NM 88210			3a. Phone No. (include area code) Ph: 575-748-6940		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 11 T26S R25E Mer NMP At surface NENE Lot A 210FNL 1250FEL 32.063880 N Lat, 104.361919 W Lon Sec 11 T26S R25E Mer NMP At top prod interval reported below NENE Lot A 210FNL 1250FEL 32.063880 N Lat, 104.361919 W Lon Sec 14 T26S R25E Mer NMP At total depth SESE Lot P 188FSL 368FEL 32.035684 N Lat, 104.359042 W Lon			10. Field and Pool, or Exploratory PURPLE SAGE; WOLFCAMP		
14. Date Spudded 03/29/2019			15. Date T.D. Reached 04/30/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 07/10/2019			17. Elevations (DF, KB, RT, GL)* 3608 GL		
18. Total Depth: MD 19270 TVD 8828			19. Plug Back T.D.: MD 19081 TVD 8828		
20. Depth Bridge Plug Set: MD 19146 TVD 8828			21. Type Electric & Other Mechanical Logs Run (Submit copy of each)		
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)					

23. Casing and Liner Record* (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
26.000	20.000 J55	106.5	0	387		705		0	
17.500	13.375 K55	54.5	0	1722		1165		0	
12.250	9.625 L80	40.0	0	8346		1725		0	
8.500	5.500 P110	23.0	0	19260		4100		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	8468	8458						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	9131	19068	9131 TO 19068		1600	OPEN
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
9131 TO 19068	SEE ATTACHED

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
07/10/2019	07/10/2019	24	→	75.0	744.0	2254.0			GAS LIFT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
26/64	730	1751.0	→	75	744	2254		PGW	

28a. Production - Interval B

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	
			→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #477958 VERIFIED BY THE BLM WELL INFORMATION
** OPERATOR-SUBMITTED ** OPERATOR-SUBMITPending BLM approvals will
subsequently be reviewed and
scanned.

ED **

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
BOTTOM OF SALT	1474			BOTTOM OF SALT	1474
LAMAR	1708			LAMAR	1708
BELL CANYON	1759			BELL CANYON	1759
CHERRY CANYON	2614			CHERRY CANYON	2614
BRUSHY CANYON	3708			BRUSHY CANYON	3708
BONE SPRING LIMESTONE	5222			BONE SPRING LIMESTONE	5222
1ST BONE SPRING	6130			1ST BONE SPRING	6130
2ND BONE SPRING	6972			2ND BONE SPRING	6972

32. Additional remarks (include plugging procedure):

3RD BONE SPRING 7973
WOLFCAMP 8326
WOLFCAMP-B 8605
WOLFCAMP C 8857

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 #477958 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Carlsbad

Name (please print) AMANDA AVERYTitle AUTHORIZED REPRESENTATIVE

Signature _____ (Electronic Submission)

Date 08/13/2019

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 ****