

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

Form C-104  
Revised August 1, 2011  
  
Submit one copy to appropriate District Office  
  
☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address COG Operating LLC 2208 W. Main Street Artesia, NM 88210		<sup>2</sup> O GRID Number 229137	
		<sup>3</sup> Reason for Filing Code/ Effective Date NW	
API Number 30-025-46071	<sup>5</sup> Pool Name WC-025 G-09 S253402N; WOLFCAMP		<sup>6</sup> Pool Code 98116
<sup>7</sup> Property Code 325724	<sup>8</sup> Property Name Brot Helm Federal Com		<sup>9</sup> Well Number 704H

II. <sup>10</sup> Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
B	35	24S	34E		250	North	2235	East	Lea

<sup>11</sup> 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
O	2	25S	34E		50	South	2305	East	Lea
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F		<sup>14</sup> Gas Connection Date 4/26/20		<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date		<sup>17</sup> C-129 Expiration Date

III. Oil and Gas Transporters

<sup>18</sup> Transporter O GRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
	ACC	O
36785	Targa Midstream Services, LP 1000 Louisiana STE4700 Houston, TX 77002	G
278421	Holly Refining and Marketing  PO Box 159 Artesia, NM 88210	O

IV. Well Completion Data

<sup>21</sup> Spud Date 7/22/19	<sup>22</sup> Ready Date 4/15/20	<sup>23</sup> TD 22,980'	<sup>24</sup> PBTD 22,865'	<sup>25</sup> Perforations 12,965-22,780'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size		<sup>28</sup> Casing & Tubing Size		<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement
14 3/4"		10 3/4"		1114'	825
8 3/4"		7 5/8"		12,092'	1610
6 3/4"		5 1/2"		23,959'	1520
		2 7/8"		12,181'	

V. Well Test Data

<sup>31</sup> Date New Oil 4/26/20	<sup>32</sup> Gas Delivery Date 4/26/20	<sup>33</sup> Test Date 4/26/20	<sup>34</sup> Test Length 24 Hrs	<sup>35</sup> Tbg. Pressure 4000	<sup>36</sup> Csg. Pressure 1400
<sup>37</sup> Choke Size 14/64	<sup>38</sup> Oil 141	<sup>39</sup> Water 1967	<sup>40</sup> Gas 252		<sup>41</sup> Test Method Flowing
<sup>42</sup> 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: <i>Amanda Avery</i>			OIL CONSERVATION DIVISION		
Printed name: Amanda Avery			Approved by: <b>Patricia Martinez</b>		
Title: Regulatory Analyst			Title: <b>LM II</b>		
E-mail Address:			Approval Date: <b>6/17/2020</b>		
Date: 5/18/2020			Phone: 575-748-6962		

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

# WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.	NMNM123535
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1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other 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	
						7. Unit or CA Agreement Name and No.	
2. Name of Operator <b>COG OPERATING LLC</b> <div style="text-align: right;">Contact: AMANDA AVERY E-Mail: aaavery@concho.com</div>						8. Lease Name and Well No. <b>BROT HELM FEDERAL COM 704H</b>	
3. Address <b>2208 W MAIN STREET ARTESIA, NM 88210</b>				3a. Phone No. (include area code) Ph: 575-748-6940		9. API Well No. <b>30-025-46071</b>	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 35 T24S R34E Mer NMP At surface    NWNE Lot B 250FNL 2235FEL 32.180568 N Lat, 103.439464 W Lon Sec 35 T24S R34E Mer NMP At top prod interval reported below    NWNE Lot B 250FNL 2235FEL 32.180568 N Lat, 103.439464 W Lon Sec 2 T25S R34E Mer NMP At total depth    SWSE Lot O 50FSL 2305FEL 32.152385 N Lat, 103.439664 W Lon						10. Field and Pool, or Exploratory <b>WC-025 G-09 S253402N; WC</b>	
						11. Sec., T., R., M., or Block and Survey or Area <b>Sec 35 T24S R34E Mer NMP</b>	
						12. County or Parish <b>LEA</b>	13. State <b>NM</b>
						17. Elevations (DF, KB, RT, GL)*	
14. Date Spudded 07/22/2019		15. Date T.D. Reached 10/14/2019		16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 04/15/2020			
18. Total Depth:		MD TVD	22980 12797	19. Plug Back T.D.:		MD TVD	22865 12797
						20. Depth Bridge Plug Set:	
						MD TVD	22865 12797
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 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)

[illegible]

## 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	12181	12171						

## 25. Producing Intervals

20. Producing Intervals			20. Perforation Record			
Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	12965	22780	12965 TO 22780			OPEN
B)						
C)						
D)						



## 26. Perforation Record

20. Producing Intervals			20. Perforation Record			
Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	12965	22780	12965 TO 22780			OPEN
B)						
C)						
D)						



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

Depth Interval	Amount and Type of Material
12965 TO 22780	66528 GAL 7 1/2%, 20,400,721# SAND, 20,289,331 GAL FLUID

## 28. Production - Interval A

Date First Produced 04/26/2020	Test Date 04/26/2020	Hours Tested 24	Test Production 	Oil BBL 141.0	Gas MCF 252.0	Water BBL 1967.0	Oil Gravity Corr. API	Gas Gravity	Production Method GAS LIFT
Choke Size 16/32	Tbg. Press. Flwg. 4000 SI	Csg. Press. 1400.0	24 Hr. Rate 	Oil BBL 141	Gas MCF 252	Water BBL 1967	Gas:Oil Ratio	Well Status POW	

## 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 #515802 VERIFIED BY THE BLM WELL INFORMATION SYSTEM**

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

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
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Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
RUSTLER	975			RUSTLER	975
TOP OF SALT	1495			TOP OF SALT	1495
BOTTOM OF SALT	5203			BOTTOM OF SALT	5203
LAMAR	5492			LAMAR	5492
BELL CANYON	5531			BELL CANYON	5531
CHERRY CANYON	6471			CHERRY CANYON	6471
BRUSHY CANYON	8092			BRUSHY CANYON	8092
BONE SPRING LIMESTONE	9281			BONE SPRING LIMESTONE	9281

32. Additional remarks (include plugging procedure):  
 FIRST BONE SPRING 10558  
 SECOND BONE SPRING 11036  
 THIRD BONE SPRING 12139  
 WOLFCAMP 12639

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 #515802 Verified by the BLM Well Information System.**  
**For COG OPERATING LLC, sent to the Hobbs**

Name(*please print*) AMANDA AVERY Title REGULATORY ANALYST

Signature \_\_\_\_\_ (Electronic Submission) Date 05/18/2020

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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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 re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.****SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM123535
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: AMANDA AVERY E-Mail: aaavery@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6940	8. Well Name and No. BROT HELM FEDERAL COM 704H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  Sec 35 T24S R34E Mer NMP NWNE 250FNL 2235FEL 32.180568 N Lat, 103.439464 W Lon		9. API Well No. 30-025-46071
		10. Field and Pool or Exploratory Area WC-025 G-09 S253402N; WC
		11. County or Parish, State LEA COUNTY, NM

## 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.

12/6/19 Test annulus to 1500# Set Composite Bridge plug @ 22,865' and test csg to 12,001#. Test Good.

2/9/20 to 3/1/20 Perf 12,965 -22,780 (1044). Acdz w/66,528 gal 7 1/2%; frac w/ 20,400,721# sand & 20,289,331 gal fluid.

3/30/20 to 3/31/20 Drilled out CFP's. Clean down to PBTD @ 22,865'.

4/14/20 Set 2 7/8" 6.5# L-80 tbg @ 12,181' packer @ 12,171'.

4/26/20 Began flowing back & testing Date of first production

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #515801 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs</b>	
Name (Printed/Typed) AMANDA AVERY	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 05/18/2020

**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 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 _____

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.

(Instructions on page 2)

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