

| | | |
|--|---|---|
| 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 | 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 |
|--|---|---|

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 #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. 30-025-41809 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No. 5. Lease Name or Unit Agreement Name Albatross State Com 6. Well Number: 1H |
|--|---|

7. Type of Completion:
 NEW WELL WORKOVER DEEPENING PLUGBACK DIFFERENT RESERVOIR OTHER

| | |
|---|---|
| 8. Name of Operator COG Operating LLC 10. Address of Operator 2208 W. Main Street Artesia, NM 88210 | 9. OGRID 229137 11. Pool name or Wildcat Airstrip; Bone Spring |
|---|---|

| 12. Location | Unit Ltr | Section | Township | Range | Lot | 90 | N/S Line | Feet from the | E/W Line | County |
|--------------|----------|---------|----------|-------|-----|-----|----------|---------------|----------|--------|
| Surface: | A | 30 | 18S | 35E | | 190 | North | 990 | East | Lea |
| BH: | P | 30 | 18S | 35E | | 390 | South | 337 | East | Lea |

| | | | | |
|--|---------------------------------|--|--|---|
| 13. Date Spudded 6/8/14 | 14. Date T.D. Reached 7/1/14 | 15. Date Rig Released 7/3/14 | 16. Date Completed (Ready to Produce) 8/21/14 | 17. Elevations (DF and RKB, RT, GR, etc.) 3936' GR |
| 18. Total Measured Depth of Well 14488' | | 19. Plug Back Measured Depth 14488' | | 20. Was Directional Survey Made? Yes |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name 9990-14370' 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" | 54.5# | 1902' | 17 1/2" | 1390 sx | 0 |
| 9 5/8" | 36# | 3435' | 12 1/4" | 940 sx | 0 |
| 5 1/2" | 17# | 14421' | 7 7/8" | 2470 sx | 0 |

| 24. LINER RECORD | | | | 25. TUBING RECORD | | |
|------------------|-----|--------|--------------|-------------------|--------|-----------|
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET |
| | | | | | 2 7/8" | 9282' |

| | |
|--|--|
| 26. Perforation record (interval, size, and number) 9990-14370' (396) | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 9990-14370' Acdz w/71520 gal 7 1/2%; Frac w/3297481# sand & 2933356 gal fluid |
|--|--|

28. PRODUCTION

| | | | | | | | |
|----------------------------------|--------------------|---|------------------------|------------------|--|--------------------------------------|-----------------|
| Date First Production 8/23/14 | | 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 9/1/14 | Hours Tested 24 | Choke Size | Prod'n For Test Period | Oil - Bbl 437 | Gas - MCF 246 | Water - Bbl. 745 | Gas - Oil Ratio |
| Flow Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. 437 | Gas - MCF 246 | Water - Bbl. 745 | Oil Gravity - API - (<i>Corr.</i>) | |

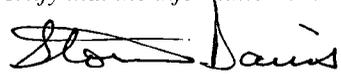
| | |
|---|--------------------------------------|
| 29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) Sold | 30. Test Witnessed By Adam Olguin |
|---|--------------------------------------|

31. List Attachments
 Deviation Report, Directional 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: 9/4/14

E-mail Address: sdavis@concho.com

SEP 17 2014

