

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 1. WELL API NO. 30-025-41752 2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No.
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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)	5. Lease Name or Unit Agreement Name Cuatro Hijos Fee 6. Well Number: 4H <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> HOBS OGD SEP 25 2014 </div>
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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	9. OGRID 229137 <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> RECEIVED </div>
8. Name of Operator COG Operating LLC 10. Address of Operator 2208 W. Main Street Artesia, NM 88210	11. Pool name or Wildcat Scharb; Bone Spring

12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	M	17	19S	35E		190	South	500	West	Lea
BH:	D	17	19S	35E		470	North	458	West	Lea

13. Date Spudded 6/21/14	14. Date T.D. Reached 7/13/14	15. Date Rig Released 7/15/14	16. Date Completed (Ready to Produce) 9/6/14	17. Elevations (DF and RKB, RT. GR, etc.) 3866' GR
18. Total Measured Depth of Well 15268' (TVD 10833')	19. Plug Back Measured Depth 15135'	20. Was Directional Survey Made? Yes	21. Type Electric and Other Logs Run None	

22. Producing Interval(s) of this completion - Top, Bottom, Name
11162-15105' Bone Spring (MD)

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#	2013'	17 1/2"	1450 sx	0
9 5/8"	36#	3608'	12 1/4"	1050 sx	0
5 1/2"	17#	15258'	7 7/8"	2425 sx	0

24. LINER RECORD	25. TUBING RECORD																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>SIZE</th> <th>TOP</th> <th>BOTTOM</th> <th>SACKS CEMENT</th> <th>SCREEN</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN						<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>SIZE</th> <th>DEPTH SET</th> <th>PACKER SET</th> </tr> </thead> <tbody> <tr> <td>2 7/8"</td> <td>10481'</td> <td></td> </tr> </tbody> </table>	SIZE	DEPTH SET	PACKER SET	2 7/8"	10481'	
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26. Perforation record (interval, size, and number)
11162-15105' (396)

27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
DEPTH INTERVAL 11162-15105'	AMOUNT AND KIND MATERIAL USED Acdz w/66318 gal 7 1/2%; Frac w/3307620# sand & 2782248 gal fluid

28. PRODUCTION

Date First Production 9/8/14	Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping	Well Status (Prod. or Shut-in) Producing
Date of Test 9/10/14	Hours Tested 24	Choke Size
Prod'n For Test Period	Oil - Bbl 348	Gas - MCF 220
Water - Bbl. 2698	Gas - Oil Ratio	
Flow Tubing Press. 150#	Casing Pressure	Calculated 24-Hour Rate
Oil - Bbl. 348	Gas - MCF 220	Water - Bbl. 2698
Oil Gravity - API - (Corr.)		

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

30. Test Witnessed By
Tyler Deans

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: 9/24/14

E-mail Address: sdavis@concho.com

KZ

SEP 30 2014

