

Submit To Appropriate District Office Two Copies <b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 <b>District II</b> 811 S. First St., Artesia, NM 88210 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 <b>District IV</b> 1220 S. St. Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised August 1, 2011  <b>1. WELL API NO.</b> 30-025-42472  <b>2. Type of Lease</b> <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN  <b>3. State Oil &amp; Gas Lease No.</b>
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**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

<b>4. Reason for filing:</b>  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (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)	<b>5. Lease Name or Unit Agreement Name</b> Kingfisher State Com  <b>6. Well Number:</b> 5H  <div style="text-align: right; font-weight: bold;">             RECEIVED              JUL 30 2015           </div>
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**7. Type of Completion:**  
 NEW WELL     WORKOVER     DEEPENING     PLUGBACK     DIFFERENT RESERVOIR     OTHER

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

12. Location	Unit Ltr	Section	Township	Range	Lot	90	N/S Line	Feet from the	E/W Line	County
<b>Surface:</b>	P	23	18S	34E		390	South	1110	East	Lea
<b>BH:</b>	A	23	18S	34E		332	North	380	East	Lea

<b>13. Date Spudded</b> 3/30/15	<b>14. Date T.D. Reached</b> 4/27/15	<b>15. Date Rig Released</b> 4/29/15	<b>16. Date Completed (Ready to Produce)</b> 6/2/15	<b>17. Elevations (DF and RKB, RT, GR, etc.)</b> 3986' GR
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<b>18. Total Measured Depth of Well</b> 14307'	<b>19. Plug Back Measured Depth</b> 14245'	<b>20. Was Directional Survey Made?</b> Yes	<b>21. Type Electric and Other Logs Run</b> None
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**22. Producing Interval(s), of this completion - Top, Bottom, Name**  
 10001-14205' Bone Spring

**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#	1889'	17 1/2"	1550 sx	0
9 5/8"	40#	3442'	12 1/4"	1050 sx	0
5 1/2"	17#	14297'	8 3/4"	2550 sx	0

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 7/8"	9380'	

<b>26. Perforation record (interval, size, and number)</b>  10001-14145' (792) 14195-14205' (60)	<b>27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> </thead> <tbody> <tr> <td>10001-14145'</td> <td>Acid w/139024 gal 7 1/2%; Frac w/6831860# sand &amp; 7049863 gal fluid</td> </tr> </tbody> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	10001-14145'	Acid w/139024 gal 7 1/2%; Frac w/6831860# sand & 7049863 gal fluid
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**28. PRODUCTION**

<b>Date First Production</b> 6/24/15	<b>Production Method (Flowing, gas lift, pumping - Size and type pump)</b> Pumping	<b>Well Status (Prod. or Shut-in)</b> Producing					
<b>Date of Test</b> 7/8/15	<b>Hours Tested</b> 24	<b>Choke Size</b>	<b>Prod'n For Test Period</b>	<b>Oil - Bbl</b> 195	<b>Gas - MCF</b> 101	<b>Water - Bbl.</b> 100	<b>Gas - Oil Ratio</b>
<b>Flow Tubing Press.</b>	<b>Casing Pressure</b>	<b>Calculated 24-Hour Rate</b>	<b>Oil - Bbl.</b> 195	<b>Gas - MCF</b> 101	<b>Water - Bbl.</b> 100	<b>Oil Gravity - API - (Corr.)</b>	

<b>29. Disposition of Gas (Sold, used for fuel, vented, etc.)</b> Sold	<b>30. Test Witnessed By</b> Tyler Deans
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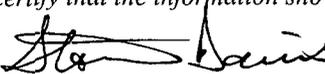
**31. List Attachments**  
Surveys

**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: 7/20/15

E-mail Address: sdavis@concho.com

AUG 03 2015

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