

AUG 27 2015

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

RECEIVED

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 - 025-41187	⁵ Pool Name WC-025 G-06 S263407P; Bone Spring	⁶ Pool Code 97892
⁷ Property Code 39912	⁸ Property Name Gunner 8 Federal Com	⁹ Well Number 4H

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
P	8	26S	34E		190	South	380	East	Lea

¹¹ 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
A	5	26S	34E		331	North	435	East	Lea
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 8/16/15	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
35103	Sunoco Partners Marketing & Terminals, LP P.O. Box 5090 Sugarland, TX 77479	O
241472	Southern Union Gas Services, Ltd 301 Commerce Street - Ste 700 Fort Worth, TX 76102	G

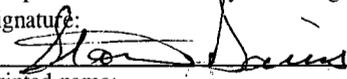
IV. Well Completion Data

²¹ Spud Date	²² Ready Date	²³ TD	²⁴ PBDT	²⁵ Perforations	²⁶ DHC, MC
4/6/15	6/5/15	19730'	19640'	9923-19615'	
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	840'	650		
12 1/4"	9 5/8"	5280'	1550		
8 3/4"	5 1/2"	19730'	3650 (TOC @ 5150')		
	2 7/8"	9890'			

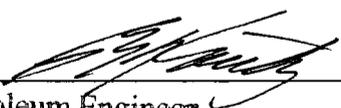
V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
6/11/15	8/16/15	7/20/15	24 Hrs	520#	1070#
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	⁴¹ Test Method	
	317	2821	480	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: 
Printed name: Stormi Davis
Title: Regulatory Analyst
E-mail Address: sdavis@concho.com
Date: 8/24/15 Phone: 575-748-6946

OIL CONSERVATION DIVISION

Approved by: 
Title: Petroleum Engineer
Approval Date: 09/19/15

recomp _____ Add New Well _____
Cancl Well _____ Create Pool _____
E-PERMITTING -- New Well _____
Comp PM P&A _____ TA _____
CSNG PM Loc Chng _____

SEP 16 2015



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.

5. Lease Serial No.
NMNM124664

6. If Indian, Allottee or Tribe Name

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

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
GUNNER 8 FEDERAL COM 4H

2. Name of Operator
COG OPERATING LLC
Contact: STORMI DAVIS
E-Mail: sdavis@concho.com

9. API Well No.
30-025-41187

3a. Address
2208 W MAIN STREET
ARTESIA, NM 88210

3b. Phone No. (include area code)
Ph: 575-748-6946

10. Field and Pool, or Exploratory
WILDCAT; BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 8 T26S R34E Mer NMP SESE 190FSL 380FEL

11. County or Parish, and State
LEA COUNTY, NM

12. CHECK 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"/> Fracture Treat	<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 Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recomplete 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

4/6/15 Spud well. TD 17 1/2" hole @ 840'. Set 13 3/8" 54.5# J-55 csg @ 840'. Cmt w/400 sx Class C. Tailed in w/250 sx. Circ 169 sx to surface. WOC 18 hrs. Test csg to 1500# for 30 mins. Drilled out 5' below FS w/10# brine - no loss of circ.

4/10/15 TD 12 1/4" hole @ 5286'. Set 9 5/8" 40# J-55 csg @ 5280'. Cmt w/1300 sx Class C. Tailed in w/250 sx. Circ 310 sx to surface. WOC 18 hrs. Test csg to 1500# for 30 mins. Drilled out 5' below FS w/10# brine - no loss of circ.

5/3/15 TD 8 3/4" lateral @ 19730' (KOP @ 9330'). Set 5 1/2" 17# P-110 csg @ 19730'. Cmt w/1000 sx Class C. Tailed in w/2650 sx. DNC. Installed WH & test to 2500#.

5/6/15 Rig released.

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #301787 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) STORMI DAVIS Title REGULATORY ANALYST

Signature (Electronic Submission) Date 05/14/2015

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.

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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 reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM124664	
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name	
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No.	
3b. Phone No. (include area code) Ph: 575-748-6946		8. Well Name and No. GUNNER 8 FEDERAL COM 4H	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 8 T26S R34E Mer NMP SESE 190FSL 380FEL		9. API Well No. 30-025-41187	
		10. Field and Pool, or Exploratory WILDCAT; BONE SPRING	
		11. County or Parish, and State LEA COUNTY, NM	

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

5/11/15 to 5/16/15 MIRU. Test 5 1/2" csg to 8600# for 15 mins. Perforate 19665-19675' (60). Pump injection test.
5/20/15 to 6/5/15 Ran CBL. TOC @ 5150'. Set CBP @ 19640'. Test to 4553#. Good test. Perforate Bone Spring 9923-19615' (2340). Acdz w/198198 gal 7 1/2% acid. Frac w/15,893,901# sand & 16,879,928 gal fluid.
6/8/15 Began flowing back & testing.

6/11/15 Date of first production.
6/18/15 to 7/2/15 Drilled out all CFP's & cleaned out to PBTD @ 19640'.
7/6/15 Set 2 7/8" 6.5# L-80 tbg @ 9890' & pkr @ 9247'. Installed gas-lift system.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #313806 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs	
Name (Printed/Typed) STORMI DAVIS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 08/25/2015

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.

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

AUG 27 2015

Form 3160-4 (August 2007)

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

RECEIVED

Lease Serial No. NNMN124664

1a. Type of Well [X] Oil Well [] Gas Well [] Dry [] Other
b. Type of Completion [X] New Well [] Work Over [] Deepen [] Plug Back [] Diff. Resvr.
2. Name of Operator COG OPERATING LLC Contact: STORMI DAVIS
3. Address 2208 W MAIN ST ARTESIA, NM 88210
4. Location of Well (Report location clearly and in accordance with Federal requirements)*
14. Date Spudded 04/06/2015
15. Date T.D. Reached 05/03/2015
16. Date Completed 06/05/2015
17. Elevations (DF, KB, RT, GL)* 3335 GL
18. Total Depth: MD 19730 TVD 9687
19. Plug Back T.D.: MD 19640 TVD 9696
20. Depth Bridge Plug Set: MD 19640 TVD 9696
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE
22. Was well cored? [X] No [] Yes (Submit analysis)
Was DST run? [X] No [] Yes (Submit analysis)
Directional Survey? [] No [X] Yes (Submit analysis)

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

Table with 10 columns: 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. Contains 3 rows of data.

24. Tubing Record

Table with 9 columns: Size, Depth Set (MD), Packer Depth (MD), Size, Depth Set (MD), Packer Depth (MD), Size, Depth Set (MD), Packer Depth (MD). Contains 1 row of data.

25. Producing Intervals

26. Perforation Record

Table with 7 columns: Formation, Top, Bottom, Perforated Interval, Size, No. Holes, Perf. Status. Contains 4 rows of data (A, B, C, D).

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

Table with 2 columns: Depth Interval, Amount and Type of Material. Contains 1 row of data.

28. Production - Interval A

Table with 10 columns: Date First Produced, Test Date, Hours Tested, Test Production, Oil BBL, Gas MCF, Water BBL, Oil Gravity Corr. API, Gas Gravity, Production Method. Contains 2 rows of data.

28a. Production - Interval B

Table with 10 columns: Date First Produced, Test Date, Hours Tested, Test Production, Oil BBL, Gas MCF, Water BBL, Oil Gravity Corr. API, Gas Gravity, Production Method. Contains 2 rows of data.

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

ELECTRONIC SUBMISSION #313825 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

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
LAMAR	5342	5387		RUSTLER	723
BELL CANYON	5388	6389		TOS	1086
CHERRY CANYON	6390	8130		BOS	5086
BRUSHY CANYON	8131	9592		LAMAR	5342
BONE SPRING LM	9593	9811		BELL CANYON	5388
				CHERRY CANYON	6390
				BRUSHY CANYON	8131
				BONE SPRING LM	9593

32. Additional remarks (include plugging procedure):
Surveys & perforation record attached.

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 #313825 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) STORMI DAVIS Title REGULATORY ANALYST

Signature _____ (Electronic Submission) Date 08/25/2015

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**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****