

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

HOBBS OCD  
SEP 14 2015  
RECEIVED

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> OGRID Number 229137
		<sup>3</sup> Reason for Filing Code/ Effective Date NW
<sup>4</sup> API Number 30 - 025-42295	<sup>5</sup> Pool Name Lea; Bone Spring	<sup>6</sup> Pool Code 37570
<sup>7</sup> Property Code 313919	<sup>8</sup> Property Name Black Pearl 1 Federal	<sup>9</sup> Well Number 4H

**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
4	1	20S	34E		190	North	1160	West	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
M	1	20S	34E		342	South	781	West	Lea

<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
F	F	8/30/15			

**III. Oil and Gas Transporters**

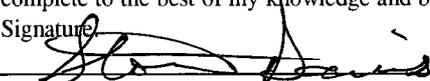
<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
278421	Holly Refining & Marketing Company, LLC P.O. Box 159 Artesia, NM 88211-0159	O
24650	Targa Midstream Services, LP 1000 Louisiana - Ste 4700 Houston, TX 77002	G

**IV. Well Completion Data**

<sup>21</sup> Spud Date	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBTB	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
6/19/15	8/21/15	15535'	15460'	11045-15420'	
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17 1/2"	13 3/8"	1856'	1250		
12 1/4"	9 5/8"	3491'	1025		
8 3/4"	5 1/2"	15510'	2710		
	2 7/8"	10353'			

**V. Well Test Data**

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
8/30/15	8/31/15	9/7/15	24 Hrs	1600#	100#
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
10/64"	797	1070	1263	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:  Printed name: Stormi Davis Title: Regulatory Analyst E-mail Address: sdavis@concho.com Date: 9/9/15 Phone: 575-748-6946	OIL CONSERVATION DIVISION	
	Approved by: 	
	Title: Petroleum Engineer	
	Approval Date: 09/15/15	
	RECOMP _____ Add New Well _____ Cancl Well _____ Create Pool _____ E-PERMITTING -- New Well _____ Comp Pm P&A TA _____ CSNG PN Loc Chng _____ ReComp Add New Well _____	

SEP 16 2015

*hm*

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.  
NMNM128366

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
BLACK PEARL 1 FEDERAL 4H

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

9. API Well No.  
30-025-42295

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  
LEA; BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 1 T20S R34E Mer NMP NWNW 190FNL 1160FWL

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	Drilling Operations
	<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.)

6/19/15 Spud well.

6/20/15 TD 17 1/2" hole @ 1900'. Set 13 3/8" 54.5# J-55 csg @ 1856'. Cmt w/1000 sx Class C. Tailed in w/250 sx. Circ 212 sx to surface. WOC 18 hrs. Test csg to 1000#. Drilled out 5' below FS w/10# brine - no loss of circ.

6/23/15 TD 12 1/4" hole @ 3500'. Set 9 5/8" 40# J-55 csg @ 3491'. Cmt w/775 sx Class C. Tailed in w/250 sx. Circ 196 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.

7/8/15 TD 8 3/4" lateral @ 15535' (KOP @ 10405'). Set 5 1/2" 17# P-110 csg @ 15510'. Cmt w/1495 sx Class H. Tailed in w/1215 sx. Circ 167 sx to surface.

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #310167 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 07/24/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
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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 \*\***

**Additional data for EC transaction #310167 that would not fit on the form**

**32. Additional remarks, continued**

7/10/15 Rig released.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD  
SEP 14 2015

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.*

<b>SUBMIT IN TRIPLICATE - Other instructions on reverse side.</b>		5. Lease Serial No. NMNM128366
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. BLACK PEARL 1 FEDERAL 4H
2. Name of Operator COG OPERATING LLC Contact: STORMI DAVIS E-Mail: sdavis@concho.com		9. API Well No. 30-025-42295
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 LEA; BONE SPRING
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 1 T20S R34E Mer NMP NWNW 190FNL 1160FWL		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.)

7/21/15 MIRU. Test to 9500#. Set CBP @ 15460' & test csg to 8508#. Perforate 15410-15420' (60). Perform injection test.

8/9/15 to 8/14/15 Perforate 11045-15333' (792). Acdz w/72274 gal 7 1/2%; frac w/6873762# sand & 7091146 gal fluid.

8/17/15 to 8/18/15 Drilled out CFP's. Did not drill last CFP @ 15347' or CBP @ 15460'.

8/19/15 to 8/21/15 Set 2 7/8" 6.5# L-80 tbg @ 10353' & pkr @ 10344'. Test csg to 3400#. Good test.

8/28/15 Began flowing back & testing.

8/30/15 Date of first production.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #315834 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs</b>	
Name (Printed/Typed) STORMI DAVIS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 09/09/2015

**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. 1004-0137  
Expires: July 31, 2010

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

5. Lease Serial No.  
NMNM128366

1a. Type of Well  Oil Well  Gas Well  Dry  Other  
 b. Type of Completion  New Well  Work Over  Deepen  Plug Back  Diff. Resvr.  
 Other \_\_\_\_\_

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

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

8. Lease Name and Well No.  
BLACK PEARL 1 FEDERAL 4H

3. Address 2208 W MAIN ST  
ARTESIA, NM 88210  
 3a. Phone No. (include area code) **HOBS OGD**  
 Ph: 575-748-6946

9. API Well No.  
30-025-42295

4. Location of Well (Report location clearly and in accordance with Federal requirements)\*  
 Sec 1 T20S R34E Mer NMP  
 At surface NWNW Lot 4 190FNL 1160FWL  
 Sec 1 T20S R34E Mer  
 At top prod interval reported below  
 Sec 1 T20S R34E Mer NMP  
 At total depth SWSW 342FSL 781FWL

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

11. Sec., T., R., M., or Block and Survey  
or Area Sec 1 T20S R34E Mer NMP

12. County or Parish  
LEA

13. State  
NM

14. Date Spudded  
06/19/2015  
 15. Date T.D. Reached  
07/08/2015  
 16. Date Completed  
 D & A  Ready to Prod.  
 08/21/2015

17. Elevations (DF, KB, RT, GL)\*  
3696 GL

18. Total Depth: MD 15535 TVD 10959  
 19. Plug Back T.D.: MD 15460 TVD 10956  
 20. Depth Bridge Plug Set: MD 15460 TVD 10956

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)  
NONE

22. Was well cored?  No  Yes (Submit analysis)  
 Was DST run?  No  Yes (Submit analysis)  
 Directional Survey?  No  Yes (Submit analysis)

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

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cement Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	1856		1250		0	
12.250	9.625 J55	40.0	0	3491		1025		0	
8.750	5.500 P110	17.0	0	15510		2710		0	

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	10353	10344						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	11045	15420	11045 TO 15333	0.430	792	OPEN
B)			15410 TO 15420		60	OPEN
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
11045 TO 15333	SEE IN REMARKS

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
08/30/2015	09/07/2015	24	▶	797.0	1263.0	1070.0			FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
10/64	SI 1600	100.0	▶	797	1263	1070		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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		▶						

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
BONE SPRING LM	7968	9480		RUSTLER	1797
1ST BONE SPRING	9481	10205		TOS	1918
2ND BONE SPRING	10206	10741		BOS	3411
3RD BONE SPRING	10742	10959		YATES	3687
				SEVEN RIVERS	3955
				CAPITAN	4989
				BONE SPRING LM	7968
				1ST BONE SPRING	9481

32. Additional remarks (include plugging procedure):

Perfs 7 1/2% Acid Sand( #) Fluid (Gal)  
 15227-15333 5536 311793 344938  
 15032-15162 2982 311932 328734  
 14829-14962 3066 310391 317394  
 14630-14761 3024 310509 319326  
 14431-14563 3024 310381 321762  
 14231-14364 3024 313099 390516  
 14032-14165 3024 310095 320418

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 #315855 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 09/09/2015

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**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

**Additional data for transaction #315855 that would not fit on the form**

**32. Additional remarks, continued**

13833-13966 3024 309647 315210  
13638-13769 3024 306888 315000  
13435-13568 3066 311104 316050  
13236-13368 3024 311650 313530  
13037-13169 3024 341140 327432  
12837-12970 3024 308469 312018  
12639-12771 3024 309403 312144  
12439-12572 3024 312539 309498  
12237-12378 3024 314571 313362  
12041-12174 3024 313510 309876  
11842-11974 3024 313033 313068  
11643-11775 3024 309687 314790  
11443-11576 3024 311226 309666  
11241-11382 6048 310136 354690  
11045-11178 3192 312559 311724  
Totals 72274 6873762 7091146

Additional tops:

2nd Bone Spring: 10206

3rd Bone Spring: 10742

Surveys Attached