

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

HOBBS OCD
JUN 13 2016
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State of New Mexico
Energy, Minerals & Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-104
Revised August 1, 2011

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 - 025-42763	⁵ Pool Name Draper Mill; Bone Spring	⁶ Pool Code 96392
⁷ Property Code 315179	⁸ Property Name Monet Federal	⁹ Well Number 3H

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
3	4	25S	33E	3	190	North	1980	West	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
N	4	25S	33E		334	South	1638	West	Lea

¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 6/1/16	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
151618	Enterprise Field Services, LLC P.O. Box 4503 Houston, TX 77210-4503	O
147831	Agave Energy Company 105 S. 4 th Street Artesia, NM 88210	G

IV. Well Completion Data

²¹ Spud Date 2/24/16	²² Ready Date 5/3/16	²³ TD 14049'	²⁴ PBSD 13984'	²⁵ Perforations 9598-13960'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	1218'	750		
12 1/4"	9 5/8"	5004'	1500		
8 3/4"	5 1/2"	14037'	2025 (TOC @ 704' - CBL)		
	2 7/8"	8854'			

V. Well Test Data

³¹ Date New Oil 5/18/16	³² Gas Delivery Date 6/1/16	³³ Test Date 5/28/16	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 640#	³⁶ Csg. Pressure
³⁷ Choke Size	³⁸ Oil 813	³⁹ Water 3886	⁴⁰ Gas 1901		⁴¹ Test Method 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:
6/6/16
Phone:
575-748-6946

OIL CONSERVATION DIVISION

Approved by: 

Title:
Petroleum Engineer

Approval Date:
06/24/16

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OGD

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

JUN 13 2016

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.

RECEIVED

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. NMNM19859
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 2208 WEST MAIN 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. MONET FEDERAL 3H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 4 T25S R33E Mer NMP NENW 190FNL 1980FWL		9. API Well No. 30-025-42763
		10. Field and Pool, or Exploratory DRAPER MILL; 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.)

3/17/16 Test annulus to 1500#. Good test. Ran CBL. TOC @ 704'. Set CBP @ 13984'. Test csg to 8181#. Perforate 13859-13960' (36). Injection test into perms.

4/6/16 to 4/11/16 Perforate Bone Spring 9598-13771' (1008). Acdz 9598-13960' w/89040 gal 7 1/2% acid; Frac w/8561830# sand & 8216628 gal fluid. SWI for offset frac.

4/28/16 to 4/30/16 Drilled out all CFP's. Clean down to CBP @ 13984'.
5/2/16 to 5/3/16 Set 2 7/8" 6.5# L-80 tbg @ 8854' & pkr @ 8837'. Installed gas-lift system.

5/17/16 Began flowing back & testing.

5/18/16 Date of first production.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #341110 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) STORMI DAVIS	Title PREPARER
Signature (Electronic Submission)	Date 06/06/2016

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 ****

JUN 13 2016

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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. NMMN19859
6. If Indian, Allottee or Tribe Name
7. Unit or CA Agreement Name and No.
8. Lease Name and Well No. MONET FEDERAL 3H
9. API Well No. 30-025-42763
10. Field and Pool, or Exploratory DRAPER MILL; BONE SPRING
11. Sec., T., R., M., or Block and Survey or Area Sec 4 T25S R33E Mer NMP
12. County or Parish LEA 13. State NM
17. Elevations (DF, KB, RT, GL)* 3462 GL

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.
Other _____

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

3. Address 2208 WEST MAIN ARTESIA, NM 88210 3a. Phone No. (include area code) Ph: 575-748-6946

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
At surface NENW 190FNL 1980FWL
At top prod interval reported below Sec 4 T25S R33E Mer NMP
At total depth SESW 334FSL 1638FWL

14. Date Spudded 02/24/2016 15. Date T.D. Reached 03/08/2016 16. Date Completed [] D & A [X] Ready to Prod. 05/03/2016

18. Total Depth: MD 14049 TVD 9371 19. Plug Back T.D.: MD 13984 TVD 9371 20. Depth Bridge Plug Set: MD 13984 TVD 9371

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 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

24. Tubing Record
Table with columns: Size, Depth Set (MD), Packer Depth (MD)

25. Producing Intervals 26. Perforation Record
Table with columns: Formation, Top, Bottom, Perforated Interval, Size, No. Holes, Perf. Status

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.
Table with columns: Depth Interval, Amount and Type of Material

28. Production - Interval A
Table with columns: Date First Produced, Test Date, Hours Tested, Test Production, Oil BBL, Gas MCF, Water BBL, Oil Gravity Corr. API, Gas Gravity, Production Method

28a. Production - Interval B
Table with columns: Date First Produced, Test Date, Hours Tested, Test Production, Oil BBL, Gas MCF, Water BBL, Oil Gravity Corr. API, Gas Gravity, Production Method

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	5106	5144		TOS	1454
BELL CANYON	5145	6061		BOS	4866
CHERRY CANYON	6062	7581		LAMAR	5106
BRUSHY CANYON	7582	9195		BELL CANYON	5145
BONE SPRING LM	9196	9401		CHERRY CANYON	6062
				BRUSHY CANYON	7582
				BONE SPRING LM	9196

32. Additional remarks (include plugging procedure):
Surveys & perfs/stimulation are 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 #341111 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) STORMI DAVIS Title PREPARER

Signature _____ (Electronic Submission) Date 06/06/2016

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