

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

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 - 025-42766	⁵ Pool Name Red Hills; Upper Bone Spring, Shale	⁶ Pool Code 97900
⁷ Property Code 315180	⁸ Property Name Monet Federal Com	⁹ Well Number 9H

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
4	4	25S	33E	4	190	North	1020	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
M	4	25S	33E		340	South	1007	West	Lea

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

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	²² Ready Date	²³ TD	²⁴ PBSD	²⁵ Perforations	²⁶ DHC, MC
2/6/16	5/11/16	13855'	13755'	9522-13735'	
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	1220'	850		
12 1/4"	9 5/8"	5017'	1200		
8 3/4"	5 1/2"	13794'	2150 (TOC@5225')		
	2 7/8"	8899'			

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
6/1/16	6/1/16	6/9/16	24 Hrs	1050#	
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	⁴¹ Test Method	
28/64"	740	1125	898	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:
6/21/16

Phone:
575-748-6946

OIL CONSERVATION DIVISION

Approved by:



Title:

Petroleum Engineer

Approval Date:

06/26/16

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

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.

JUN 23 2016

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 COM 9H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 4 T25S R33E Mer NMP NWNW 190FNL 1020FWL		9. API Well No. 30-025-42766
10. Field and Pool, or Exploratory RED HILLS; UP 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.)

3/9/16 to 3/21/16 Attempted to load 9 5/8" x 5 1/2" annulus without success. Ran temp log & tracer log. Verified fluid exiting wellbore @ 5250'. Pumped 130 sx Class C. Tailed in w/700 sx. WOC. Load backside & test 9 5/8" x 5 1/2" annulus to 1525# for 30 mins per BLM. (Chart attached.)

4/13/16 to 4/17/16 Set CBP @ 13755'. Test to 8628'. Perforate Bone Spring 9522-13735' (1008). Acdz w/85248 gal 7 1/2% acid; Frac w/8413008# sand & 7707492 gal fluid. SWI for offset frac.

5/3/16 to 5/6/16 Drilled out all CFP's. Clean down to CBP @ 13755'.
5/7/16 to 5/11/16 Set 2 7/8" 6.5# L-80 tbg @ 8899' & pkr @ 8883'. Installed gas-lift system.

5/31/16 Began flowing back & testing.

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

**Electronic Submission #342688 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 06/21/2016

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 _____

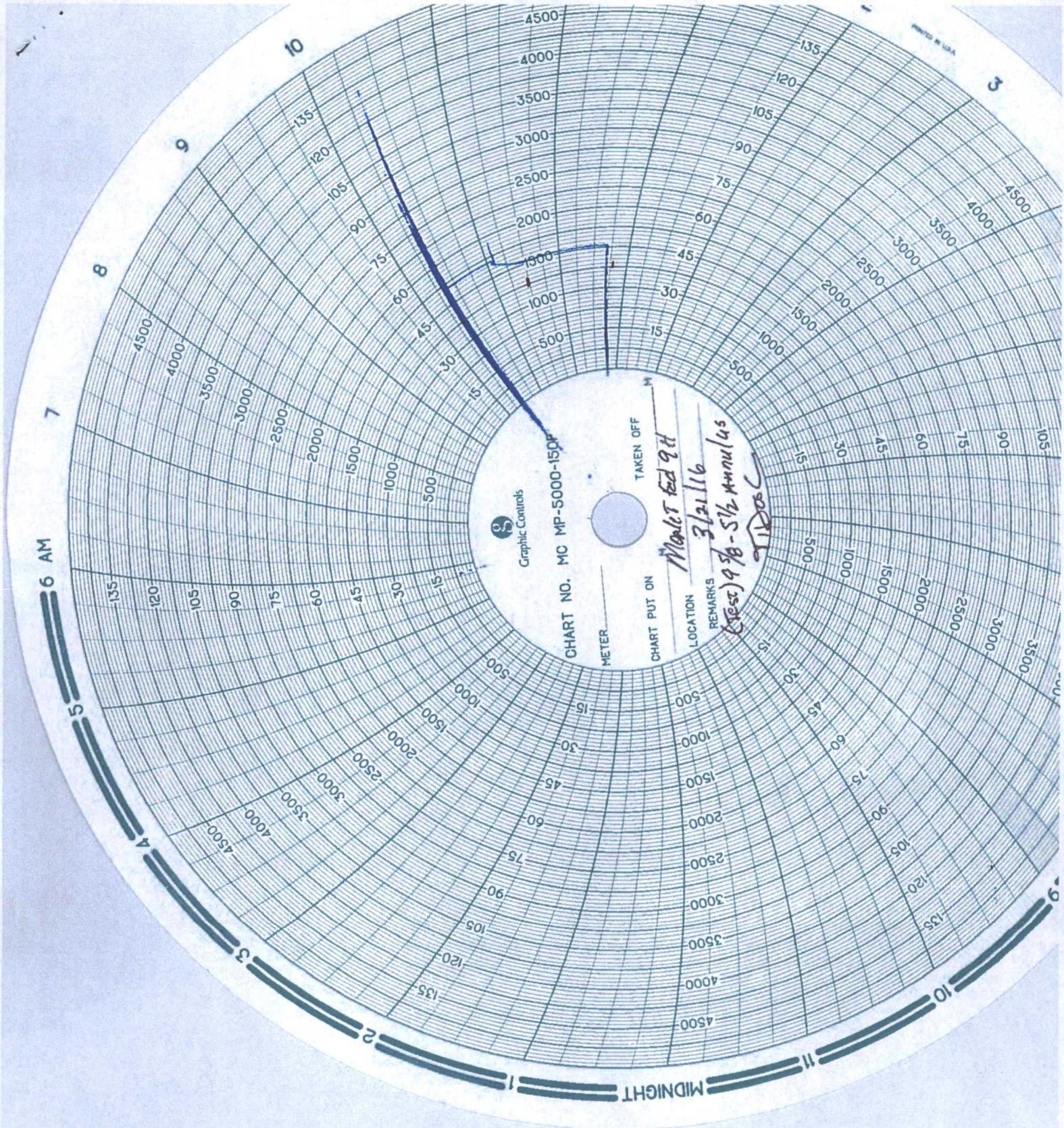
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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

Additional data for EC transaction #342688 that would not fit on the form

32. Additional remarks, continued

6/1/16 Date of first production.



HOBBS OCD

JUN 23 2016

JUN 23 2016

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

5. Lease Serial No.
NMNM19859

1a. Type of Well Oil Well Gas Well Dry Other

b. Type of Completion 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** 3a. Phone No. (include area code)
ARTESIA, NM 88210 Ph: **575-748-6946**

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
At surface **NWNW Lot 4 190FNL 1020FWL**
At top prod interval reported below
Sec 4 T25S R33E Mer NMP
At total depth **SWSW 340FSL 1007FWL**

6. If Indian, Allottee or Tribe Name _____

7. Unit or CA Agreement Name and No. _____

8. Lease Name and Well No.
MONET FEDERAL COM 9H

9. API Well No. **30-025-42766**

10. Field and Pool, or Exploratory
RED HILLS; UP 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**

14. Date Spudded **02/06/2016** 15. Date T.D. Reached **02/21/2016** 16. Date Completed
 D & A Ready to Prod.
05/11/2016

17. Elevations (DF, KB, RT, GL)*
3463 GL

18. Total Depth: MD **13855** 19. Plug Back T.D.: MD **13755**
TVD **9394** TVD **9394** 20. Depth Bridge Plug Set: MD **13755**
TVD **9394**

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 Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	1220		850		0	
12.250	9.625 J55	40.0	0	5017		1200		0	
8.750	5.500 P110	17.0	0	13794		2150		5225	

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	8899	8883						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9522	13735	9522 TO 13735	0.430	1008	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
9522 TO 13735	SEE ATTACHED
5250 TO 13735	SOZ 9 5/8" X 5 1/2" ANNULUS W/830 SX CLASS C

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
06/01/2016	06/09/2016	24	→	740.0	898.0	1125.0			FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
28/64	SI		→	740	898	1125		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. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

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

ELECTRONIC SUBMISSION #342695 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	5032	5072		TOS	1387
BELL CANYON	5073	6038		BOS	4791
CHERRY CANYON	6039	7496		LAMAR	5032
BRUSHY CANYON	7497	9090		BELL CANYON	5073
BONE SPRING LM	9091	9394		CHERRY CANYON	6039
				BRUSHY CANYON	7497
				BONE SPRING LM	9091

32. Additional remarks (include plugging procedure):
Surveys & perms/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 #342695 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 06/21/2016

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