

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 OGD**  
JUL 11 2016  
**RECEIVED**

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**

<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 - 025-42338	<sup>5</sup> Pool Name WC-025 G-07 S203506D; Bone Spring	<sup>6</sup> Pool Code 97983
<sup>7</sup> Property Code 313978	<sup>8</sup> Property Name Blue Jay Federal	<sup>9</sup> Well Number 1H

**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
O	18	20S	35E		190	South	2310	East	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
B	18	20S	35E		414	North	2245	East	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	6/7/16			

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
	Alpha Crude Connector Pipeline	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> PBSD	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
8/13/15	6/1/16	15976'	15895'	11596-15855'	
<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"	1895'	1240		
12 1/4"	9 5/8"	5799'	2110		
8 3/4"	5 1/2"	15946'	2340		
	2 7/8"	10974'			

**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
6/7/16	6/7/16	6/25/16	24 Hrs	1900#	1600#
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
25/64"	1451	2330	1621	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: *Stormi Davis*

Printed name:  
Stormi Davis  
Title:  
Regulatory Analyst

E-mail Address:  
sdavis@concho.com

Date:  
7/5/16  
Phone:  
575-748-6946

OIL CONSERVATION DIVISION

Approved by: *[Signature]*  
Title: **Petroleum Engineer**  
Approval Date: *07/19/16*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OGD

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.*

JUL 11 2016

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

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1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM119759
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: STORMI DAVIS E-Mail: sdavis@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946	8. Well Name and No. BLUE JAY FEDERAL 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T20S R35E Mer NMP SWSE 190FSL 2310FEL		9. API Well No. 30-025-42338
		10. Field and Pool, or Exploratory WC-025 G-07 S203506D; BS
		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.)

9/22/15 Test annulus to 1500#. Ran CBL. TOC @ 1020'. Set CBP @ 15895'. Test csg to 8443# for 30 mins. Good test. Perf 15845-15855' (60). Injection test.

5/7/16 to 5/22/16 Perf Bone Spring 11596-15754' (1260). Acdz w/108,240 gal 7 1/2% acid; Frac w/8,224,168# sand & 11,707,002 gal fluid.

5/23/16 to 5/26/16 Drilled out all CFP's. Clean down to CBP.

5/31/16 to 6/1/16 Set 2 7/8" 6.5# L-80 tbg @ 10974' & pkr @ 10910'.  
6/4/16 Began flowing back & testing.

6/7/16 Date of first production.

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

**Electronic Submission #343781 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 07/05/2016

**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 _____

Accepted for Record Only

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 \*\***

HOBBS OCD

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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. NMNM119759
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 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 SWSE 190FSL 2310FEL
At top prod interval reported below Sec 18 T20S R35E Mer NMP
At total depth NWNE 414FNL 2245FEL
14. Date Spudded 08/13/2015 15. Date T.D. Reached 09/12/2015 16. Date Completed [ ] D & A [X] Ready to Prod. 06/01/2016
17. Elevations (DF, KB, RT, GL)\* 3672 GL
18. Total Depth: MD 15976 TVD 11323 19. Plug Back T.D.: MD 15895 TVD 11328 20. Depth Bridge Plug Set: MD 15895 TVD 11328
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CNL; LATEROLOG; SONIC
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

Accepted for Record Only

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	8439	9773		RUSTLER	1844
1ST BONE SPRING	9774	10569		TOS	1935
2ND BONE SPRING	10570	11376		BONE SPRING LM	8439
3RD BONE SPRING	11377	11500		1ST BONE SPRING	9774
WOLFCAMP	11501	11686		2ND BONE SPRING	10570
				3RD BONE SPRING	11377
				WOLFCAMP	11501

32. Additional remarks (include plugging procedure):  
Logs, 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 #343788 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 07/05/2016

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