

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

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

HOBBS OCD
OCT 14 2016
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AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COG Operating LLC One Concho Center 600 W. Illinois Ave. Midland, TX 79701		² OGRID Number 229137
		³ Reason for Filing Code/ Effective Date NW Effective 9/19/16
⁴ API Number 30 - 025 - 42997	⁵ Pool Name Maljamar; Yeso, West	⁶ Pool Code 44500
⁷ Property Code 314751	⁸ Property Name Ivar the Boneless Federal	⁹ Well Number 12H

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
D	22	17S	32E		85	North	1283	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
D	15	17S	32E		350	North	969	West	Lea
¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date 9/19/16	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
278421	HollyFrontier Refining & Marketing LLC	O
221115	Frontier Field Services, LLC	G

IV. Well Completion Data

²¹ Spud Date 7/03/16	²² Ready Date 9/19/16	²³ TD 10,471MD 5677TVD	²⁴ PBTB 10,363	²⁵ Perforations 6083 -10,343	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2	13-3/8	940	800sx		
12-1/4	9-5/8	2208	675sx		
8-3/4	7	5044	2800sx		
7-7/8	5-1/2	10,430			
	2-7/8 tbg	5118			

V. Well Test Data

³¹ Date New Oil 9/23/16	³² Gas Delivery Date 9/23/16	³³ Test Date 9/25/15	³⁴ Test Length 24hrs	³⁵ Tbg. Pressure 70	³⁶ Csg. Pressure 70
³⁷ Choke Size	³⁸ Oil 167	³⁹ Water 2521	⁴⁰ Gas 150		⁴¹ Test Method P

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:

Kanicia Castillo

Title:

Lead Regulatory Analyst

E-mail Address:

kcastillo@concho.com

Date:

10/11/16

Phone:

432-685-4332

OIL CONSERVATION DIVISION

Approved by:



Title:

Petroleum Engineer

Approval Date:

10/12/16

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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OCT 14 2016
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FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No. NMLC029509A

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Lease Name and Well No. IVAR THE BONELESS FEDERAL 12H

9. API Well No. 30-025-42997

10. Field and Pool, or Exploratory MALJAMAR; YESO, WEST

11. Sec., T., R., M., or Block and Survey or Area Sec 22 T17S R32E Mer NMP

12. County or Parish EDDY 13. State NM

14. Date Spudded 07/03/2016 15. Date T.D. Reached 07/22/2016 16. Date Completed 09/19/2016
 D & A Ready to Prod.

17. Elevations (DF, KB, RT, GL)* 4015 GL

18. Total Depth: MD 10471 TVD 5677 19. Plug Back T.D.: MD 10363 TVD 10363 20. Depth Bridge Plug Set: MD TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CN 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
12.250	9.625 J55	40.0		2208		675			
8.750	7.000 L80	29.0		5044					
8.750	5.500 L80	17.0		10430		2800			
17.500	13.375 J55	54.5	0	940		800		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	5118							

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) YESO	6083	10343	6083 TO 10343	0.430	864	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
6083 TO 10343	ACIDIZE W/ 94,080 GALS 7.5% ACID, FRAC W/ 402,570 GALS TREATED WATER, 2,232,611 SLICK WATER,

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
09/23/2016	09/25/2016	24	→	167.0	150.0	2521.0	39.3	0.60	ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI		70.0	→	167	150	2521	898	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			→						

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

ELECTRONIC SUBMISSION #354278 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
TANSIL	2049		SALT SANDSTONE	TANSIL	2049
YATES	2159		SANDSTONE & DOLOMITE	YATES	2159
GRAYBURG	3520		DOLOMITE & LIMESTONE	GRAYBURG	3520
SAN ANDRES	3908		SANDSTONE	SAN ANDRES	3908
GLORIETA	5424		DOLOMITE & ANHYDRITE	GLORIETA	5424
PADDOCK	5511			PADDOCK	5511

32. Additional remarks (include plugging procedure):
Logs will be sent via WIS.

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 #354278 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) KANICIA CASTILLO Title PREPARER

Signature _____ (Electronic Submission) Date 10/11/2016

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.

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

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.

HOBBS OCD
OCT 14 2016
RECEIVED

5. Lease Serial No.
NMLC029509A

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
IVAR THE BONELESS FEDERAL 12H

9. API Well No.
30-025-42997

10. Field and Pool, or Exploratory
MALJAMAR; YESO, WEST

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG OPERATING LLC
Contact: KANICIA CASTILLO
E-Mail: kcastillo@concho.com

3a. Address
600 W ILLINOIS AVE
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 432-685-4332

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 22 T17S R32E Mer NMP 85FNL 1283FWL

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.)

Please see attached logs.

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #354277 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) KANICIA CASTILLO Title PREPARER

Signature (Electronic Submission) Date 10/11/2016

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 ****

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.

OCT 14 2016

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5. Lease Serial No.
NMLC029509A

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
IVAR THE BONELESS FEDERAL 12H

9. API Well No.
30-025-42997

10. Field and Pool, or Exploratory
MALJAMAR; YESO, WEST

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG OPERATING LLC
Contact: KANICIA CASTILLO
E-Mail: kcastillo@concho.com

3a. Address
600 W ILLINOIS AVE
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 432-685-4332

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 22 T17S R32E Mer NMP 85FNL 1283FWL

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
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7/26/16 Test csg to 4500psi for 10mins, good.
7/27/16 Drilled 10' of new formation to 10,471. Spotted 500 gals acid.
7/28/16 Pressure test frac valve to 7200#, good test.
8/02/16 - 9/06/16 Perf 24 stages @ 6083 ? 10,343 w/6 SPF, 864 holes. Acidize 24 stages w/94,080 gals 7.5% HCL. Frac w/402,570 gals treated water, 2,232,611 gals slick water, 1,446,860# 100 mesh sand, 2,257,970# 40/70 Arizona sand, 540,440# 40/70 CRC.
9/13/16 ? 9/15/16 Drill out plugs. Clean out to PBSD 10,363.
9/19/16 RIH w/ESP, 153jts 2-7/8" J55 tbg, EOT @ 5118. Hang on.

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

**Electronic Submission #353893 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) KANICIA CASTILLO Title PREPARER

Signature (Electronic Submission) Date 10/07/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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Office _____

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