

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

DEC 15 2016

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 - 025-42950	<sup>5</sup> Pool Name Berry; Bone Spring, North	<sup>6</sup> Pool Code 5535
<sup>7</sup> Property Code 315664	<sup>8</sup> Property Name Mas Federal	<sup>9</sup> Well Number 3H

**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
B	34	20S	34E		190	North	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
O	34	20S	34E		334	South	1933	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				

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
286911	Remuda Energy Transportation 105 S. 4 <sup>th</sup> Street Artesia, NM 88210	O

**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
11/29/15	11/15/16	15772'	15705'	11376-15665'	
<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"	1687'	1150		
12 1/4"	9 5/8"	5782'	1450		
8 3/4"	5 1/2"	15753'	2450		
	2 7/8"	10674'			

**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
11/16/16		11/18/16	24 Hrs	2650#	410#
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
	279	1642	603	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:  
12/12/16

Phone:  
575-748-6946

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

*[Signature]*

Petroleum Engineer

12/16/16

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**HOBBS OCD**

DEC 15 2016

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

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

**RECEIVED**

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		3. Lease Serial No. NMLC029519A	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____		6. If Indian, Allottee or Tribe Name	
2. Name of Operator COG OPERATING LLC		7. Unit or CA Agreement Name and No.	
Contact: STORMI DAVIS E-Mail: sdavis@concho.com		8. Lease Name and Well No. MAS FEDERAL 3H	
3. Address 2208 WEST MAIN ARTESIA, NM 88210		9. API Well No. 30-025-42950	
3a. Phone No. (include area code) Ph: 575-748-6946		10. Field and Pool, or Exploratory BERRY; BONE SPRING, NORTH	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 34 T20S R34E Mer NMP At surface NWNE 190FNL 2310FEL  At top prod interval reported below Sec 34 T20S R34E Mer NMP At total depth SWSE 334FSL 1933FEL		11. Sec., T., R., M., or Block and Survey or Area Sec 34 T20S R34E Mer NMP	
14. Date Spudded 11/29/2015		12. County or Parish LEA	
15. Date T.D. Reached 12/23/2015		13. State NM	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 11/15/2016		17. Elevations (DF, KB, RT, GL)* 3717 GL	
18. Total Depth: MD 15772 TVD 11318		19. Plug Back T.D.: MD 15705 TVD 11317	
20. Depth Bridge Plug Set: MD 15705 TVD 11317			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE		22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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	1687		1150		0	
12.250	9.625 J55	40.0	0	5782	3508	1450		0	
8.750	5.500 P110	17.0	0	15753		2450		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	10674	10664						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	11376	15665	11376 TO 15605	0.430	1144	OPEN
B)			15655 TO 15665		60	OPEN
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
11376 TO 15605	SEE ATTACHED

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
11/16/2016	11/18/2016	24	▶	279.0	603.0	1642.0			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	
	2650	410.0	▶	279	603	1642		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	
			▶						

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

ELECTRONIC SUBMISSION #360876 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.)  
FLARED

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
CHERRY CANYON	5787	6748		RUSTLER	1593
BRUSHY CANYON	6749	8599		TOP OF SALT	1725
BONE SPRING LM	8600	9699		BOTTOM OF SALT	3351
1ST BONE SPRING	9700	10191		CHERRY CANYON	5787
2ND BONE SPRING	10192	11098		BRUSHY CANYON	6749
3RD BONE SPRING	11099	11318		BONE SPRING LM	8600
				1ST BONE SPRING	9700
				2ND BONE SPRING	10192

32. Additional remarks (include plugging procedure):  
Surveys & perms/stimulation are attached.

Additional Tops:  
3rd Bone Spring 11099'

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 #360876 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 12/14/2016

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**HOBBS OCD**

**DEC 15 2016**

**RECEIVED**

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.*

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. MAS FEDERAL 3H
2. Name of Operator COG OPERATING LLC Contact: STORMI DAVIS E-Mail: sdavis@concho.com	9. API Well No. 30-025-42950
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	10. Field and Pool or Exploratory Area BERRY; BONE SPRING NORTH
3b. Phone No. (include area code) Ph: 575-748-6946	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 34 T20S R34E Mer NMP NWNE 190FNL 2310FEL	11. County or Parish, State LEA COUNTY, NM

**12. CHECK THE 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Recomplete
	<input checked="" type="checkbox"/> Other
	<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 recompleate 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

1/14/16 to 1/23/16 Test to 9000#. Set CBP @ 15705' & test csg to 8158# for 30 mins. Perforate 15655-15665' (60). Perform injection test.

10/12/16 to 10/20/16 Perf 11376-15605' (1144). Acdz w/79506 gal 7 1/2%; frac w/8127726# sand & 8621844 gal fluid.

10/21/16 to 10/22/16 Drilled out CFP's.  
10/23/16 Set 2 7/8" 6.5# L-80 tbg @ 10674' & pkr @ 10664'. Installed gas-lift system. SWI.

11/15/16 Began flowing back & testing.

11/16/16 Date of first production.

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

**Electronic Submission #360731 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 12/13/2016

**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.

(Instructions on page 2)

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