

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

AMENDED REPORT

HOBBS OGD
MAR 08 2017
RECEIVED

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COBALT OPERATING, LLC		² OGRID Number 286255
		³ Reason for Filing Code/ Effective Date
⁴ API Number 30 - 025-29711	⁵ Pool Name DEVONIAN	⁶ Pool Code 96101
⁷ Property Code 309594	⁸ Property Name CONSOLIDATED STATE	⁹ Well Number 003

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
C	9	17S	37E		660	NORTH	2128	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
C	9	17S	37E		660	NORTH	2128	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

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W

Denied
 paul.kautz@state.nm.us
 575-393-6161 ext. 104
 See items checked on form.
 Please attach denied copy to your re-submittal
 VIOLATION RULE 5.9
 30-025-26959 REQUIRE EXISTING ROAD
 30-025-22231 NON SUBMITAL OF C-104 + C-129

IV. Well Completion Data

²¹ Spud Date	²² Ready Date	²³ T	open hole	²⁶ DHC, MC
1/2/14	4/17/14	12700		n/a
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement	
17 1/2	13 3/8	398	250sx lite+100sx C	
12 1/2	8 5/8	4283	1450sx lite+200sx C	
7 7/8	5 1/2	11316	1st stage: 260sx lite +375sx H 2nd stage: 800sx lite+100sx C	

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
N/A					
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	⁴¹ Test Method	

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: *JoAnn Tercero*

Printed name: JoAnn Tercero

Title: Regulatory Analyst

E-mail Address: joann@cobaltoperating.com

Date: 10/27/2014 Phone: 432-683-8030

OIL CONSERVATION DIVISION

Approved by: _____

Title: _____

Approval Date: _____

District I
1625 North French, Hobbs, NM 88241

District II
1301 West Grand Avenue, Artesia, NM 88210

District III
1000 Rio Brazos, Aztec, NM 84710

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South Saint Francis Drive
Santa Fe, NM 87505
OPERATOR'S MONTHLY REPORT

Form C-115 First Page
Revised January 22, 2004
Instruction on Reverse Side
1 Amended Report

2 Operator COBALT OPERATING, LLC	3 OGRID: 286255	4 Month/Year 4/2014
5 Address: 3001 N. BIG SPRING SUITE 207 MIDLAND, TX 79705		6 Page 1 of 4

7 <u>POOL NO. AND NAME</u> Property No. and Name Well No. & U-L-S-T-R API No.	B C O D E 1	INJECTION		PRODUCTION				DISPOSITION OF OIL, GAS, AND WATER							
		9 Volume	10 Pressure	11 C O D E 2	12 Barrels of Oil/conden- sate produced	13 Barrels of water produced	14 MCF Gas Produced	15 Days Prod- uced	16 C O D E 3	17 Point of Disposition	18 Gas BTU or Oil API Gravity	19 Oil on hand at beginning of month	20 Volume (Bbls/mcf)	21 Transporter Ogrid	22 C O D E 4
46320 MIDWAY: DEVONIAN 309596 WARREN 30-025-26953	P				5		0		O G W	959510 206630	181	0	139633		186
46340 MIDWAY: STRAWN 309595 HALE STATE 30-025-26773	P				1565		0		O G W	960010 960030	461	1331	139633		695
55695 SHIPP : STRAWN 310420 MIDWAY 5 30-025-31033	P				3				O	1027210	728	0	252452		731
55695 SHIPP: STRAWN 309594 CONSOLIDATED STATE 30-025-29711	P	38051			0		0		G W	959930	0	0	139633		0
97446 GLADIOLA: WOODFORD 312265 ANGEL #002 30-025-07136	P				0		0		O	4004450	0	0	139633		0

I hereby certify that the information contained in this report is true and complete to the best of my knowledge.

24

Signature	Printed Name & Title	E-Mail Address	Date	Phone Number
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2 Operator	3 OGRID	4 Month/Year	6 Page 2 of 4
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55695 SHIPP : STRAWN 310420 MIDWAY 5 30-025-31033	P				3				O	1027210	728	0	252452		731
55695 SHIPP: STRAWN 309594 CONSOLIDATED STATE 30-025-29711	P	65069			0		0		GW	959930	0	0	139633		0
97446 GLADIOLA: WOODFORD 312265 ANGEL #002 30-025-07136	P				0		0		O	4004450	0	0	139633		0

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Signature _____ Printed Name & Title _____ E-Mail Address _____ Date _____ Phone Number _____

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