

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

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 4/8/17
⁴ API Number 30 - 025-43272	⁵ Pool Name Maljamar, Yeso, West	⁶ Pool Code 44500
⁷ Property Code 315671	⁸ Property Name Ragnar Federal Com	⁹ Well Number 16H

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
B	22	17S	32E		100	North	1870	East	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
B	15	17S	32E		250	North	1674	East	Lea
¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date 4/8/17	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
27841	HollyFrontier Refining & Marketing LLC	O
36785	Frontier	G

IV. Well Completion Data

²¹ Spud Date 2/15/17	²² Ready Date 4/08/17	²³ TD 10,718MD, 5778TVD	²⁴ PBTB 10,639	²⁵ Perforations 6038 - 10,619	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2	13-3/8	910	725		
12-1/4	9-5/8	2192	650		
8-3/4	7	5059			
7-7/8	5-1/2	10,703	2300		
	2-7/8 tbg	5345			

V. Well Test Data

³¹ Date New Oil 4/15/17	³² Gas Delivery Date 4/14/17	³³ Test Date 4/18/17	³⁴ Test Length 24hrs	³⁵ Tbg. Pressure 70	³⁶ Csg. Pressure 70
³⁷ Choke Size	³⁸ Oil 499	³⁹ Water 1207	⁴⁰ Gas 460	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: 5/23/17 Phone: 432-685-4332

OIL CONSERVATION DIVISION

Approved by: 

Title: **Petroleum Engineer**

Approval Date: 06/13/17

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

5. Lease Serial No.
NMLC029509B

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG OPERATING LLC

Contact: KANICIA CASTILLO
E-Mail: kcastillo@concho.com

8. Well Name and No.
RAGNAR FEDERAL COM 16H

9. API Well No.
30-025-43272

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

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

10. Field and Pool or Exploratory Area
MALJAMAR

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 22 T17S R32E Mer NMP 100FNL 1870FEL

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 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"/> Hydraulic Fracturing	<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 must 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 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.

Please see attached logs.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #377110 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 05/23/2017

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 ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS
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5. Lease Serial No.
NMLC029509B

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

8. Well Name and No.
RAGNAR FEDERAL COM 16H

9. API Well No.
30-025-43272

10. Field and Pool or Exploratory Area
MALJAMAR

11. County or Parish, State
LEA COUNTY, NM

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 100FNL 1870FEL

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 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"/> Hydraulic Fracturing	<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 recomplate 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 recompletion 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.

Please see attached facility diagram.

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #377107 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 05/23/2017

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 _____

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SITE FACILITY DIAGRAM

RAGNAR FED COM 25H BATTERY
 SECT 22, T17S, R32E
 LEASE NO.: NMNM134918
 LEA COUNTY, NM



WELLS

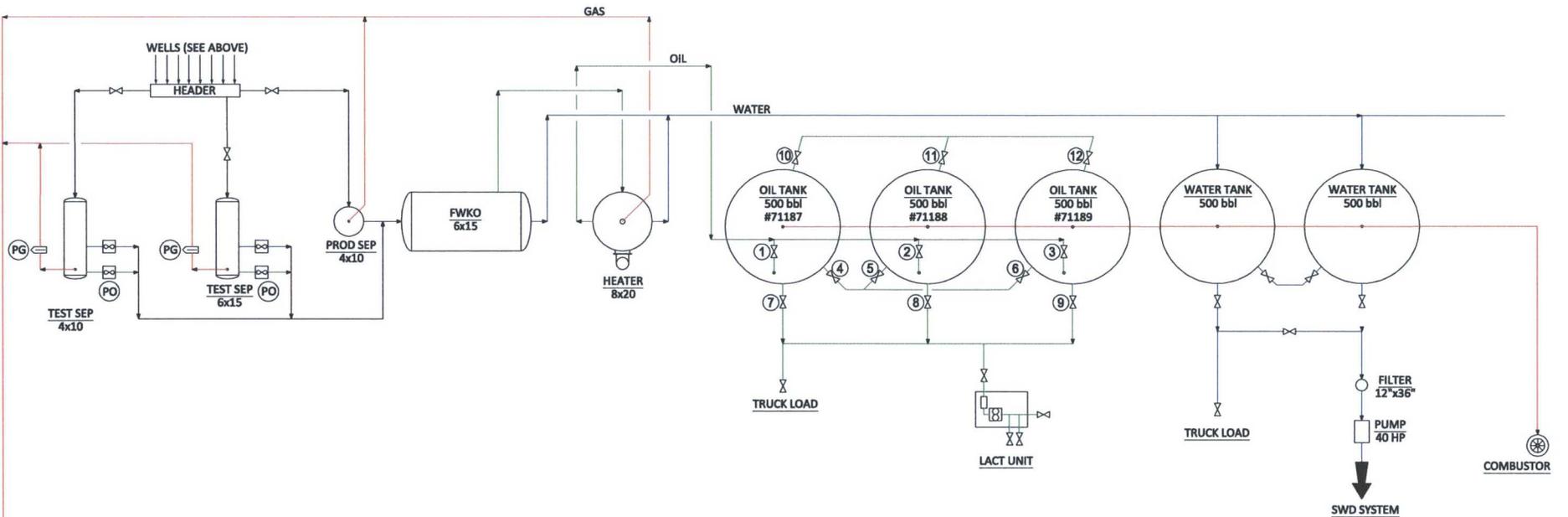
Ragnar Fed Com 15H: 30-025-43114
 Ragnar Fed Com 16H: 30-025-43272
 Ragnar Fed Com 25H: 30-025-43131
 Ragnar Fed Com 26H: 30-025-43273

Production Phase - Oil Tank #1

- Valve 1 open
- Valves 2, 3, 30 closed
- Valves 4, 5, 6 and 20 open
- Valves 7, 8, 9 and 90 closed
- Valves 10, 11, and 12 closed

Sales Phase - Oil Tank #1

- Valve 1 closed
- Valves 2, 3 or 30 open
- Valve 4 closed
- Valves 5, 6 and 20 open
- Valve 7 open
- Valves 8, 9 and 90 closed
- Valves 10, 11, and 12 closed



GAS METER
 DCP GAS SALES
 METER #6742574

Ledger for Site Diagram

Produced Fluid: _____
 Produced Oil: _____
 Produced Gas: _____
 Produced Water: _____



Location of Site Security Plan:
COG Operating, LLC.
 600 W. Illinois
 Midland, TX 79701

DATE:	BY:	REVISION DESCRIPTION
4/21/17	KH	Added 16H & 26H wells

SITE FACILITY DIAGRAM
 RAGNAR FED COM 25H BATTERY
 LEA COUNTY, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS
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HOBBS OGD
MAY 30 2017
RECEIVED

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. RAGNAR FEDERAL COM 16H
2. Name of Operator COG OPERATING LLC Contact: KANICIA CASTILLO E-Mail: kcastillo@concho.com		9. API Well No. 30-025-43272
3a. Address 600 W ILLINOIS AVE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4332	10. Field and Pool or Exploratory Area MALJAMAR
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T17S R32E Mer NMP 100FNL 1870FEL		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 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"/> Hydraulic Fracturing	<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	

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3/11/17 Test csg to 6147psi for 15mins, good. Spotted 2500 gals acid.
3/16/17 Pressure test frac valve to 7500#, good test.
3/17/17 - 3/24/17 Perf 26 stages @ 6038 ? 10,619 w/6 SPF, 936 holes. Acidize 26 stages w/102,816 gals 15% HCL. Frac w/325,332 gals treated water, 5,214,614 gals Slick water, 1,565,420# 100 mesh sand, 2,514,940# 40/70 White sand, 541,600# 40/70 Garnet.
4/5/17 ? 4/7/17 Drill out plugs. Clean out to PBD 10,639.
4/8/17 RIH w/ESP, 161jts 2-7/8" J55 tbg, EOT @ 5345? Hang on.

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

**Electronic Submission #377041 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 05/23/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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(Instructions on page 2)

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

Additional data for EC transaction #377116 that would not fit on the form

32. Additional remarks, continued

Muskegon 16 State Com 1 SWD - 30-015-27108 SWD-624
Water is trucked to central disposal when needed.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS
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HOBBS

SUBMIT IN TRIPLICATE - Other instructions on page 2

MAY 30 2017

RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029509B
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 600 W ILLINOIS AVE MIDLAND, TX 79701		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 432-685-4332		8. Well Name and No. RAGNAR FEDERAL COM 16H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T17S R32E Mer NMP 100FNL 1870FEL		9. API Well No. 30-025-43272
		10. Field and Pool or Exploratory Area MALJAMAR
		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 checked="" 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
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<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
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COG Operating LLC, respectfully requests this water disposal method for the following battery.
Ragnar Federal Com 25H battery
Producing Formation: Maljamar; Yeso, West
Amount Produced: 1260 BWPD
Water stored in 2 500 bbl Water Tanks
Water is transported by 4" DR9 Polypipe to COG's 8" main line water system. The water doesn't go to a particular well, it is distributed into the main water system and is distributed into either the Jenkins B Water Flood WFX-861 or the disposal wells in the system at the Empire Area. The Empire Area wells include the following:
GJ West Coop Unit Water Flood WFX-245-0
Chase 21 State Com 1 SWD - 30-015-30874 SWD-1007
Big George SWD 3 - 30-015-28759 SWD-611

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

**Electronic Submission #377116 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 05/23/2017

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(Instructions on page 2)

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

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		5. Lease Serial No. NMLC029509B	
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: KANICIA CASTILLO E-Mail: kcastillo@concho.com		8. Lease Name and Well No. RAGNAR FEDERAL COM 16H	
3. Address 600 W ILLINOIS AVE ONE CONCHO CENTER MIDLAND, TX 79701		9. API Well No. 30-025-43272	
3a. Phone No. (include area code) Ph: 432-685-4332		10. Field and Pool, or Exploratory MALJAMAR	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Lot B 100FNL 1870FEL Sec 22 T17S R32E Mer NMP		11. Sec., T., R., M., or Block and Survey or Area Sec 22 T17S R32E Mer NMP	
At top prod interval reported below Sec 15 T17S R32E Mer NMP Lot O 330FSL 1669FEL		12. County or Parish LEA	
At total depth Lot B 250FNL 1674FEL Sec 15 T17S R32E Mer NMP		13. State NM	
14. Date Spudded 02/15/2017		15. Date T.D. Reached 02/26/2017	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 04/08/2017		17. Elevations (DF, KB, RT, GL)* 4016 GL	
18. Total Depth: MD 10718 TVD 5778		19. Plug Back T.D.: MD 10639 TVD	
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CN	
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
12.250	9.625 J55	40.0		2192		650			
8.750	7.000 L80	29.0		5059					
8.750	5.000 L80	17.0		10703		2300			
17.500	13.375 J55	54.5	0	910		725		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	5345							

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) YESO	6038	10619	6038 TO 10619	0.430	936	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
6038 TO 10619	ACIDIZE W/ 102,816 15% ACID, FRAC W/ 325,332 GALS TREATED WATER, 5,214,614 GALS 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
04/14/2017	04/18/2017	24	→	499.0	460.0	1207.0	42.0	0.60	ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI	70.0	→	499	460	1207	922	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 #377109 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
RUSTLER	862		ANHYDRITE	RUSTLER	862
QUEEN	3178		SANDSTONE	QUEEN	3178
GRAYBURG	3527		DOLOMITE & ANHYDRITE	GRAYBURG	3527
SAN ANDRES	3916		DOLOMITE & ANHYDRITE	SAN ANDRES	3916
PADDOCK	5554		DOLOMITE	PADDOCK	5554

32. Additional remarks (include plugging procedure):
Logs will be submitted in 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 #377109 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 05/23/2017

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.

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