

Submit To Appropriate District Office Two Copies 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 and Natural Resources <b>HOBBS OGD</b> Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 <b>NOV 13 2017</b>	Form C-105 Revised April 3, 2017 WELL API NO. 30-025-43856 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No.
--	--	---

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

4. Reason for filing: <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)	5. Lease Name or Unit Agreement Name Becknell State Com  6. Well Number: 4H
---	---

7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER	
---	--

8. Name of Operator COG Operating LLC	9. OGRID 229137
--	--------------------

10. Address of Operator 2208 W. Main Street Artesia, NM 88210	11. Pool name or Wildcat WC-025 G-08 S213304D; Bone Spring
---	---

12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	L	5	21S	33E		2440	South	330	West	Lea
BH:	E	17	21S	33E		2425	North	326	West	Lea

13. Date Spudded 7/2/17	14. Date T.D. Reached 7/27/17	15. Date Rig Released 7/31/17	16. Date Completed (Ready to Produce) 10/13/17	17. Elevations (DF and RKB, RT, GR, etc.) 3791' GR
----------------------------	----------------------------------	----------------------------------	---	---

18. Total Measured Depth of Well 21510'	19. Plug Back Measured Depth 21405'	20. Was Directional Survey Made? Yes	21. Type Electric and Other Logs Run None
--	--	---	--

22. Producing Interval(s), of this completion - Top, Bottom, Name 11680-21385' Bone Spring	
---	--

23. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	54.5#	1691'	17 1/2"	1300 sx	
9 5/8"	40#	5650'	12 1/4"	2165 sx	
5 1/2"	17#	21498'	8 3/4"	3600 sx	

24. LINER RECORD				25. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 7/8"	10986'	10976'

26. Perforation record (interval, size, and number)  11680-21330' (2816) 21375-21385' (60)	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>11680-21330'</td> <td>Acdz w/196,812 gal 7 1/2%; Frac w/20,234,829# sand &amp; 19,830,678 gal fluid</td> </tr> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	11680-21330'	Acdz w/196,812 gal 7 1/2%; Frac w/20,234,829# sand & 19,830,678 gal fluid
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED				
11680-21330'	Acdz w/196,812 gal 7 1/2%; Frac w/20,234,829# sand & 19,830,678 gal fluid				

28. PRODUCTION							
Date First Production 10/14/17		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) Flowing			Well Status ( <i>Prod. or Shut-in</i> ) Producing		
Date of Test 10/14/17	Hours Tested 24	Choke Size 26/64"	Prod'n For Test Period	Oil - Bbl 181	Gas - MCF 921	Water - Bbl. 3321	Gas - Oil Ratio
Flow Tubing Press. 1900#	Casing Pressure 2000#	Calculated 24-Hour Rate	Oil - Bbl. 181	Gas - MCF 921	Water - Bbl. 3321	Oil Gravity - API - ( <i>Corr.</i> )	

29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> ) Sold	30. Test Witnessed By Libby Einhorn
---	--

31. List Attachments Surveys	
---------------------------------	--

32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.	33. Rig Release Date:
--	-----------------------

34. If an on-site burial was used at the well, report the exact location of the on-site burial:		
Latitude	Longitude	NAD83

*I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief*

Signature	Printed Name: Stormi Davis	Title Regulatory Analyst	Date: 11/7/17
-----------	----------------------------	--------------------------	---------------

E-mail Address: sdavis@concho.com

