

District I  
1625 W. 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**

<sup>1</sup> Operator name and Address <b>COG Operating LLC</b> One Concho Center 600 W. Illinois Ave. Midland, TX 79701		<sup>2</sup> OGRID Number 229137
		<sup>3</sup> Reason for Filing Code/ Effective Date NW Effective 09/05/18
<sup>4</sup> API Number 30 - 025-44518	<sup>5</sup> Pool Name Maljamar; Yeso, West	<sup>6</sup> Pool Code 44500
<sup>7</sup> Property Code 320822	<sup>8</sup> Property Name Shovel Head Federal Com	<sup>9</sup> Well Number 18H

HOBBBS OGD  
RECEIVED  
DEC 11 2018

**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
P	5	17S	32E		330	South	200	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
N	3	17S	32E		358	South	2528	West	Lea
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date 09/05/18	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
	Navajo	O
	Frontier	G

**IV. Well Completion Data**

<sup>21</sup> Spud Date 06/20/18	<sup>22</sup> Ready Date 09/05/18	<sup>23</sup> TD 13776MD/5768TVD	<sup>24</sup> PBSD 13770'MD	<sup>25</sup> Perforations 6116 - 13392	<sup>26</sup> DHC, MC
<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	1013	800		
12-1/4	9-5/8	2287	695 ✓		
8-3/4	7	4902			
8-3/4	5-1/2	13768	1550		
	2-7/8 tbg	6083	✓		

**V. Well Test Data**

<sup>31</sup> Date New Oil 09/15/18	<sup>32</sup> Gas Delivery Date 09/15/18	<sup>33</sup> Test Date 09/17/18	<sup>34</sup> Test Length 24hrs	<sup>35</sup> Tbg. Pressure 75	<sup>36</sup> Csg. Pressure 76
<sup>37</sup> Choke Size	<sup>38</sup> Oil 221	<sup>39</sup> Water 1075	<sup>40</sup> Gas 264	<sup>41</sup> Test Method P	

<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:

*Robyn Russell*

Printed name:

Robyn Russell

Title:

Regulatory Analyst

E-mail Address:

Russell@concho.com

Date:

12/10/18

Phone:

432-685-4385

OIL CONSERVATION DIVISION

Approved by:

*Karen Sharp*

Title:

*Staff Mgr*

Approval Date:

12-11-18

Documents pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**HOBBS OCD**  
NOV 1 2018  
RECEIVED

**HOBBS OCD**  
DEC 1 2018  
RECEIVED

**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**

5. Lease Serial No. NMNM0315712	
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. SHOVEL HEAD FEDERAL COM 18H
2. Name of Operator COG OPERATING LLC Contact: ROBYN RUSSELL E-Mail: rrusnell@concho.com	9. API Well No. 30-025-44518-00-X1
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 432-685-4385
10. Field and Pool or Exploratory Area MALJAMAR	11. County or Parish, State LEA COUNTY, NM
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 5 T17S R32E SESE 330FSL 200FEL 32.857323 N Lat, 103.780685 W Lon	

**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"/> Water Shut-Off
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> New Construction
	<input checked="" type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Recomplete
	<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.

8/14/18 Drill out DV tool @ 4906'. Tested casing to 6500# for 30 mins, good test.  
8/15/18-8/22/18 Frac and acidize 30 stages, sleeves @ 6116'-13392' w/60,333 gals 15% HCL. 37,070 gals treated water, 5,562,396 gals slick water, 2,879,520# 100 mesh sand, 2,280,000# 40/70 sand, 602,260# 40/70 CRCS.  
9/03/18 Drill out sleeves and clean out to PBDT 13,770'.  
9/05/18 RIH w/ESP, 181jts 2-7/8" J55 tbg, EOT @ 6083'. Hang on.

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

**Electronic Submission #443045 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by PRISCILLA PEREZ on 11/08/2018 (19PP0341SE)**

Name (Printed/Typed) ROBYN RUSSELL	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 11/07/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	ZOTA STEVENS Title PETROLEUM ENGINEER	Date 11/08/2018
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 Hobbs

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.

HOBBS OCD

DEC 11 2018

Form 3160-4 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

WELL COMPLETION OR RECOMPLETION REPORT AND RECEIVED

1. Lease Serial No. NMNM0315712
1a. Type of Well [X] Oil Well [ ] Gas Well [ ] Dry [ ] Other
1b. Type of Completion [X] New Well [ ] Work Over [ ] Deepen [ ] Plug Back [ ] Diff. Resvr.
2. Name of Operator COG OPERATING LLC Contact: ROBYN RUSSELL
3. Address 600 W. ILLINOIS AVE MIDLAND, TX 79701
3a. Phone No. (include area code) Ph: 432-685-4385
4. Location of Well (Report location clearly and in accordance with Federal requirements)\*
10. Field and Pool, or Exploratory MALJAMAR; YESO, WEST
11. Sec., T., R., M., or Block and Survey or Area Sec 5 T17S R32E Mer NMP
12. County or Parish LEA 13. State NM
14. Date Spudded 06/20/2018 15. Date T.D. Reached 07/08/2018 16. Date Completed 09/05/2018
17. Elevations (DF, KB, RT, GL)\* 4090 GL
18. Total Depth: MD 13776 TVD 5768 19. Plug Back T.D.: MD 13770 TVD 5768 20. Depth Bridge Plug Set: MD TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CN
22. Was well cored? [X] No [ ] Yes (Submit analysis)
Was DST run? [X] No [ ] Yes (Submit analysis)
Directional Survey? [ ] No [X] Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)
Table with columns: Hole Size, Size/Grade, Wt. (#/ft.), Top (MD), Bottom (MD), Stage Cementer Depth, No. of Sks. & Type of Cement, Slurry Vol. (BBL), Cement Top\*, Amount Pulled

24. Tubing Record
Table with columns: Size, Depth Set (MD), Packer Depth (MD)

25. Producing Intervals
26. Perforation Record
Table with columns: Formation, Top, Bottom, Perforated Interval, Size, No. Holes, Perf. Status

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.
Table with columns: Depth Interval, Amount and Type of Material

28. Production - Interval A
Table with columns: Date First Produced, Test Date, Hours Tested, Test Production, Oil BBL, Gas MCF, Water BBL, Oil Gravity Corr. API, Gas Gravity, Production Method

28a. Production - Interval B
Table with columns: Date First Produced, Test Date, Hours Tested, Test Production, Oil BBL, Gas MCF, Water BBL, Oil Gravity Corr. API, Gas Gravity, Production Method

(See Instructions and spaces for additional data on reverse side)
ELECTRONIC SUBMISSION #443134 VERIFIED BY THE BLM WELL INFORMATION SYS.
\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

Documents pending review and scanned
subsequently be reviewed and scanned
WELL APPROVAL

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	988		ANHYDRITE	RUSTLER	988
YATES	2269		DOLOMITE & SANDSTONE	YATES	2269
GRAYBURG	3655		DOLOMITE & SANDSTONE	GRAYBURG	3655
SAN ANDRES	3939		DOLOMITE & ANYDRITE	SAN ANDRES	3939
GLORIETA	5434		SANDSTONE & SILTSTONE	GLORIETA	5434
PADDOCK	5506		DOLOMITE	PADDOCK	5506

32. Additional remarks (include plugging procedure):

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 #443134 Verified by the BLM Well Information System.  
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) ROBYN RUSSELL Title REGULATORY ANALYST

Signature (Electronic Submission) Date 11/08/2018

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