

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

Form C-104
Revised August 1, 2011

Submit one copy to appropriate District Office

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COG Production LLC 2208 W. Main Street Artesia, NM 88210		² OGRID Number 217955
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 025-44628	⁵ Pool Name Wildcat; Bone Spring	⁶ Pool Code 97784
⁷ Property Code 314193	⁸ Property Name Eider Federal	⁹ Well Number 301H

II. ¹⁰ Surface Location

UI or lot no. M	Section 35	Township 24S	Range 32E	Lot Idn	Feet from the 210	North/South Line South	Feet from the 1020	East/West line West	County Lea
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¹¹ Bottom Hole Location

UI or lot no. L	Section 26	Township 24S	Range 32E	Lot Idn	Feet from the 2400	North/South Line South	Feet from the 340	East/West line West	County Lea
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¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 3/10/19	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
	ACC	O
298751	Lucid	G

IV. Well Completion Data

²¹ Spud Date 5/4/18	²² Ready Date 3/10/19	²³ TD 17104'	²⁴ PBDT 17016'	²⁵ Perforations 9816-16991'	²⁶ DHC, MC
²⁷ Hole Size 17 1/2"	²⁸ Casing & Tubing Size 13 3/8"	²⁹ Depth Set 1040'	³⁰ Sacks Cement 830		
12 1/4"	9 5/8"	4767'	1375		
8 3/4"	5 1/2"	17089'	2700		
	2 7/8"	9164'			

V. Well Test Data

³¹ Date New Oil 3/10/19	³² Gas Delivery Date 3/10/19	³³ Test Date 3/10/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 783#	³⁶ Csg. Pressure 213#
³⁷ Choke Size 28/64"	³⁸ Oil 476	³⁹ Water 1700	⁴⁰ Gas 814		⁴¹ Test Method Flowing

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: Amanda Avery

Printed name:
Amanda Avery

Title:
Regulatory Analyst

E-mail Address:
aavery@concho.com

Date:
4/8/19

Phone:
575-748-6962

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

Documents pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM120907

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

APR 22 2019

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: AMANDA AVERY
E-Mail: aavery@concho.com8. Well Name and No.
EIDER FEDERAL 301H9. API Well No.
30-025-446283a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-694010. Field and Pool or Exploratory Area
WILDCAT; BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 35 T24S R32E Mer NMP SWSW 210FSL 1020FWL
32.167393 N Lat, 103.650690 W Lon

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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Hydraulic Fracture
	<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 recomple 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.

09/20/18 Test annulus to 1500# Set CBP @ 17,016' and test csg to 8,470#. Good test.

10/3/18 to 10/22/18 Perf 9,816-16,991' (1200). Acdz w/64,932 gal 7 1/2%; frac w/ 14,144,168# sand & 12,678,876 gal fluid.

12/14/18 to 12/16/18 Drilled out CFP's. Clean down to PBTD @ 16,016'.

12/17/18 - 12/18/18 Set 2 7/8" 6.5# L-80 tbg @ 9,164' packer @ 9,154'. Installed gas lift system.

3/10/19 Began flowing back & testing. Date of first production

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

Electronic Submission #461977 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs

Name (Printed/Typed) AMANDA AVERY

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 04/17/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

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

Documents pending BLM approvals will
subsequently be reviewed and scannedTitle 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person know-
States any false, fictitious or fraudulent statements or representations as to any matter within its jur.

Department or agency of the United States

(Instructions on page 2)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

APR 22 2019

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

WELL COMPLETION OR RECOMPLETION REPORT AND

Lease Serial No.
NMNM120907

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
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 _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator COG OPERATING LLC			Contact: AMANDA AVERY E-Mail: aaavery@concho.com		
3. Address 2208 W MAIN STREET ARTESIA, NM 88210			3a. Phone No. (include area code) Ph: 575-748-6940		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Sec 35 T24S R32E Mer NMP SWSW Lot M 210FSL 1020FWL 32.167392 N Lat, 103.650690 W Lon At top prod interval reported below Sec 35 T24S R32E Mer NMP SWSW Lot M 210FSL 1020FWL 32.167392 N Lat, 103.650690 W Lon At total depth Sec 26 T24S R32E Mer NMP NWSW Lot L 2400FSL 340FWL 32.187946 N Lat, 103.652886 W Lon			9. API Well No. 30-025-44628		
14. Date Spudded 05/04/2018			15. Date T.D. Reached 05/28/2018		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/10/2019			17. Elevations (DF, KB, RT, GL)* 3521 GL		
18. Total Depth: MD 17104 TVD 9635			19. Plug Back T.D.: MD 17016 TVD 9635		
20. Depth Bridge Plug Set: MD 17016 TVD 9635			21. Type Electric & Other Mechanical Logs Run (Submit copy of each)		
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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	1040		830		0	
12.250	9.625 L80	40.0	0	4767		1375		0	
8.750	5.500 P110	17.0	0	17089		2700		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	9164	9154						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9816	16991	9816 TO 16991		1200	OPEN
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
9816 TO 16991	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
03/10/2019	03/10/2019	24	→	476.0	814.0	1700.0			GAS
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	783	213.0	→	476	814	1700		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 #461978 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

Documents pending BLM approvals will
subsequently be reviewed and scanned

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	902			RUSTLER	902
LAMAR	4808			LAMAR	4808
TOP OF SALT	1238			TOP OF SALT	1238
BOTTOM OF SALT	4584			BOTTOM OF SALT	4584
BELL CANYON	4872			BELL CANYON	4872
CHERRY CANYON	5752			CHERRY CANYON	5752
BRUSHY CANYON	7154			BRUSHY CANYON	7154
BRUSHY CANYON A	8547			BRUSHY CANYON A	8547

32. Additional remarks (include plugging procedure):
BONE SPRING LIMESTONE 8780

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 #461978 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs

Name (please print) AMANDA AVERYTitle AUTHORIZED REPRESENTATIVESignature (Electronic Submission)Date 04/17/2019

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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