

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

HOBBS OCD  
APR 22 2019  
RECEIVED

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address COG Production LLC 2208 W. Main Street Artesia, NM 88210		<sup>2</sup> OGRID Number 217955
		<sup>3</sup> Reason for Filing Code/ Effective Date NW
<sup>4</sup> API Number 30 - 025-44634	<sup>5</sup> Pool Name <del>Wildcat</del> Bone Spring 1477	<sup>6</sup> Pool Code 97784 <i>P.K.</i>
<sup>7</sup> Property Code 314193	<sup>8</sup> Property Name Eider Federal	<sup>9</sup> Well Number 201H

**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
M	35	24S	32E		240	South	1050	West	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
L	26	24S	32E		2410	South	668	West	Lea

<sup>12</sup> Lse Code <i>2</i>	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 3/8/19	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
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**III. Oil and Gas Transporters**

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

**IV. Well Completion Data**

<sup>21</sup> Spud Date 7/31/18	<sup>22</sup> Ready Date 3/8/19	<sup>23</sup> TD 16565'	<sup>24</sup> PBDT 16495'	<sup>25</sup> Perforations 9466-16475'	<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"	987'	800		
12 1/4"	9 5/8"	4798'	1400		
8 3/4"	5 1/2"	16548'	2550		
	2 7/8"	8747'			

**V. Well Test Data**

<sup>31</sup> Date New Oil 3/8/19	<sup>32</sup> Gas Delivery Date 3/8/19	<sup>33</sup> Test Date 3/8/19	<sup>34</sup> Test Length 24 Hrs	<sup>35</sup> Tbg. Pressure 651#	<sup>36</sup> Csg. Pressure 16#
<sup>37</sup> Choke Size	<sup>38</sup> Oil 992	<sup>39</sup> Water 2379	<sup>40</sup> Gas 1678		<sup>41</sup> Test Method Flowing

<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: *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:	<i>Jaren Sharp</i>
Title:	<i>Staff Mgr</i>
Approval Date:	<i>4-30-19</i>
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

**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.*

**HOBBS OCD**  
**APR 22 2019**  
**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		5. Lease Serial No. NMNM120907
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-748-6940		8. Well Name and No. EIDER FEDERAL 201H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R32E Mer NMP SWSW 240FSL 1050FWL 32.167475 N Lat, 103.650593 W Lon		9. API Well No. 30-025-44634
		10. Field and Pool or Exploratory Area WILDCAT; BONE SPRING
		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 Hydraulic Fracture
	<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.

09/22/18 Test annulus to 1500# Set CBP @ 16,500' and test csg to 8,475#. Good test.  
10/2/18 to 10/21/18 Perf 9,466-16,475' (1170). Aczd w/61,236 gal 7 1/2%; frac w/9,981,864# sand & 12,295,290 gal fluid.  
11/28/18 to 11/30/18 Drilled out CFP's. Clean down to PBD @ 16,495'.  
12/1/18 - 12/2/18 Set 2 7/8" 6.5# L-80 tbg @ 8,747' packer @ 8,737'. Installed gas lift system.  
3/8/19 Began flowing back & testing. Date of first production

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #461932 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 _____	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 who knowingly makes any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Documents pending BLM approvals will subsequently be reviewed and scanned

(Instructions on page 2)

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

United States

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**HOBBS OCD**  
APP 8 2 2019

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

**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. NMNM120907	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back Other _____		6. If Indian, Allottee or Tribe Name	
2. Name of Operator COG OPERATING LLC		8. Lease Name and Well No. EIDER FEDERAL 201H	
Contact: AMANDA AVERY E-Mail: aavery@concho.com		7. Unit or CA Agreement Name and No.	
3. Address 2208 W MAIN STREET ARTESIA, NM 88210		9. API Well No. 30-025-44634	
3a. Phone No. (include area code) Ph: 575-748-6940		10. Field and Pool, or Exploratory WILDCAT; BONE SPRING	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 35 T24S R32E Mer NMP At surface SWSW Lot M 240FSL 1050FWL 32.167475 N Lat, 103.650593 W Lon Sec 35 T24S R32E Mer NMP At top prod interval reported below SWSW Lot M 240FSL 1050FWL 32.167475 N Lat, 103.650593 W Lon Sec 26 T24S R32E Mer NMP At total depth NWSW Lot L 2410FSL 668FWL 32.187975 N Lat, 103.651824 W Lon		11. Sec., T., R., M., or Block and Survey or Area Sec 35 T24S R32E Mer NMP	
12. County or Parish LEA		13. State NM	
14. Date Spudded 07/13/2018		15. Date T.D. Reached 08/18/2018	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/08/2019		17. Elevations (DF, KB, RT, GL)* 3522 GL	
18. Total Depth: MD 16565 TVD 9349		19. Plug Back T.D.: MD 16495 TVD 9349	
20. Depth Bridge Plug Set: MD 16500 TVD 9349			

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

22. Was well cored?  No  Yes (Submit analysis)  
 Was DST run?  No  Yes (Submit analysis)  
 Directional Survey?  No  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
17.500	13.375 J55	54.5	0	987		800		0	
12.250	9.625 L80	40.0	0	4798		1400		0	
8.750	5.500 P110	17.0	0	16548		2550		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	8747	8737						

25. Producing Intervals			26. Perforation Record			
Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9466	16475	9466 TO 16475		1170	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
9466 TO 16475	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
03/08/2019	03/08/2019	24	→	992.0	1678.0	2379.0			GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI	651	16.0	→	992	1678	2379		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.	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 #461928 VERIFIED BY THE BLM WELL INFORMATION SYSTEM  
**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPE**

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	923			RUSTLER	923
LAMAR	4828			LAMAR	4828
TOP OF SALT	1263			TOP OF SALT	1263
BOTTOM OF SALT	4602			BOTTOM OF SALT	4602
BELL CANYON	4892			BELL CANYON	4892
CHERRY CANYON	5774			CHERRY CANYON	5774
BRUSHY CANYON	7178			BRUSHY CANYON	7178
BRUSHY CANYON A	8540			BRUSHY CANYON A	8540

**32. Additional remarks (include plugging procedure):**

**BONE SPRING LIMESTONE 8774**

**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 #461928 Verified by the BLM Well Information System.  
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE

Signature (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.

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