

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

**HOBBS OCD**

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

APR 26 2019

RECEIVED

<sup>1</sup> Operator name and Address COG Production LLC 2208 W. Main Street Artesia, NM 88210		<sup>2</sup> OGRID Number 217955
<sup>4</sup> API Number 30 - 025-44627	<sup>5</sup> Pool Name Wildcat; Bone Spring	<sup>6</sup> Pool Code 97784 <i>KA</i>
<sup>7</sup> Property Code 314193	<sup>8</sup> Property Name Eider Federal	<sup>9</sup> Well Number 202H

**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		210	South	1080	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	1303	West	Lea

<sup>12</sup> Lse Code P	<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
	Alpha Crude Connectors Pipeline	O
298751	Lucid Energy	G
	Holly Refining and Marketing Company	O

**IV. Well Completion Data**

<sup>21</sup> Spud Date 8/22/18	<sup>22</sup> Ready Date 2/10/19	<sup>23</sup> TD 16504'	<sup>24</sup> PBSD 16415'	<sup>25</sup> Perforations 9407-16400'	<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"	1048'	830		
12 1/4"	9 5/8"	4850'	1400		
8 3/4"	5 1/2"	16787'	2600		
	2 7/8"	8830'			

**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 662#	<sup>36</sup> Csg. Pressure 1#
<sup>37</sup> Choke Size	<sup>38</sup> Oil 414	<sup>39</sup> Water 1806	<sup>40</sup> Gas 705	<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:  
4/24/19

Phone:  
575-748-6962

OIL CONSERVATION DIVISION

Approved by: *Karen Sharp*

Title: *Staff Mgr*

Approval Date: *5-1-19*

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-  
abandoned well. Use form 3160-3 (APD) for such proposals.*

**HOBBS OCD**  
**RECEIVED**  
APR 26 2019

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

5. Lease Serial No. NMNM120907
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. EIDER FEDERAL 202H
9. API Well No. 30-025-44627
10. Field and Pool or Exploratory Area WILDCAT; BONE SPRING
11. County or Parish, State LEA COUNTY, NM

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY E-Mail: aavery@concho.com	
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6940
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R32E Mer NMP SWSW 210FSL 1080FWL 32.173930 N Lat, 103.650496 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 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 recompleate 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 recompleation 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 @ 16,688' and test csg to 8,500#. Good test.  
10/26/18 to 11/12/18 Perf 9,482-16,663' (1230). Acdz w/60,690 gal 7 1/2%; frac w/14,790,743# sand & 12,267,990 gal fluid.  
12/6/18 to 12/8/18 Drilled out CFP's. Clean down to PBTD @ 16,670'.  
12/9/18 Set 2 7/8" 6.5# L-80 tbg @ 8,830' packer @ 8,820'. Installed gas lift system.  
3/8/19 Began flowing back & testing and date of first production

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #462704 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 04/24/2019

**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 scanned

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. to any 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

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

**HOBBS OCD**  
**APR 28 2019**  
**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 <input type="checkbox"/> 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: AMANDA AVERY E-Mail: aavery@concho.com		8. Lease Name and Well No. EIDER FEDERAL 202H	
3. Address 2208 W MAIN STREET ARTESIA, NM 88210		9. API Well No. 30-025-44627	
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 210FSL 1080FWL 32.173930 N Lat, 103.650496 W Lon Sec 35 T24S R32E Mer NMP At top prod interval reported below SWSW Lot M 210FSL 1080FWL 32.173930 N Lat, 103.650496 W Lon Sec 26 T24S R32E Mer NMP At total depth NWSW Lot L 2410FSL 1303FWL 32.187977 N Lat, 103.649774 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 06/22/2018		15. Date T.D. Reached 07/07/2018	
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 16787 TVD 9358		19. Plug Back T.D.: MD 16670 TVD 9358	
20. Depth Bridge Plug Set: MD 16688 TVD 9358			

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	1048		830		0	
12.250	9.625 L80	40.0	0	4580		1400		0	
8.750	5.500 P110	17.0	0	16787		2600		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	8830	8820						

25. Producing Intervals			26. Perforation Record			
Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9482	16663	9482 TO 16663		1230	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
9482 TO 16663	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	▶	414.0	705.0	1806.0			GAS LIFT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	662	1.0	▶	414	705	1806		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 Gr
			▶					
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well
	SI		▶					

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	4798			LAMAR	4798
TOP OF SALT	1237			TOP OF SALT	1237
BOTTOM OF SALT	4573			BOTTOM OF SALT	4573
BELL CANYON	4876			BELL CANYON	4876
CHERRY CANYON	5761			CHERRY CANYON	5761
BRUSHY CANYON	7146			BRUSHY CANYON	7146
BRUSHY CANYON A	8545			BRUSHY CANYON A	8545

32. Additional remarks (include plugging procedure):  
BONE SPRING LIMESTONE 8778

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 #462708 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 04/24/2019

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 \*\***