

HOBBS OCD
 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

RECEIVED
 MAY 01 2019

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 - 025-44632	⁵ Pool Name Wildcat; Bone Spring	⁶ Pool Code 97784
⁷ Property Code 314193	⁸ Property Name Eider Federal	⁹ Well Number 104H

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
N	35	24S	32E		240	South	2060	West	Lea

¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
K	26	24S	32E		2409	South	2323	West	Lea

¹² Lse Code P	¹³ Producing Method Code F	¹⁴ Gas Connection Date 3/11/19	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 7/7/18	²² Ready Date 3/11/19	²³ TD 16583' 9270	²⁴ PBSD 16497'	²⁵ Perforations 9398-16482'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	955'	750		
12 1/4"	9 5/8"	4818'	1550		
8 3/4"	5 1/2"	16583'	2790		
	2 7/8"	8717'			

V. Well Test Data

³¹ Date New Oil 3/11/19	³² Gas Delivery Date 3/11/19	³³ Test Date 3/11/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 900#	³⁶ Csg. Pressure 100
³⁷ Choke Size 28/64"	³⁸ Oil 918	³⁹ Water 887	⁴⁰ Gas 2993		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: 4/30/19 Phone: 575-748-6962

OIL CONSERVATION DIVISION
 Approved by: *Karen Sharp*
 Title: *Staff Mgr*
 Approval Date: *5-2-19*
 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-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

8. Well Name and No.
EIDER FEDERAL 104H

9. API Well No.
30-025-44632

1. Type of Well
 Oil Well Gas Well 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

10. 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 SESW 240FSL 2060FWL
32.167484 N Lat, 103.647329 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 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.

09/14/18 Test annulus to 1500# Set CBP @ 16,507' and test csg to 8,506#. Good test.
9/22/18 to 10/15/18 Perf 9,398-16,482' (1200). Acdz w/68,784 gal 7 1/2%; frac w/14,385,076# sand & 16,743,960 gal fluid.
11/15/18 to 11/18/18 Drilled out CFP's. Clean down to PBD @ 16,497'.
11/18/18 - 11/19/18 Set 2 7/8" 6.5# L-80 tbg @ 8,717' packer @ 8,707'. Installed gas lift system.
3/11/19 Began flowing back & testing and date of first production

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #463623 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 04/30/2019

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 _____

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.

(Instructions on page 2)

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

Documents pending BLM approvals will subsequently be reviewed and scanned

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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

5. 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: aavery@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)* Sec 35 T24S R32E Mer NMP At surface SESW Lot N 240FSL 2060FWL 32.167484 N Lat, 103.647329 W Lon Sec 35 T24S R32E Mer NMP At top prod interval reported below SESW Lot N 240FSL 2060FWL 32.167484 N Lat, 103.647329 W Lon Sec 26 T24S R32E Mer NMP At total depth NESW Lot K 2409FSL 2323FWL 32.187977 N Lat, 103.646477 W Lon			10. Field and Pool, or Exploratory WILDCAT BONE SPRING		
14. Date Spudded 07/07/2018			15. Date T.D. Reached 07/22/2018		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/11/2019			17. Elevations (DF, KB, RT, GL)* 3526 GL		
18. Total Depth: MD 16583 TVD 9240		19. Plug Back T.D.: MD 16497 TVD 9240		20. Depth Bridge Plug Set: MD 16507 TVD 9240	
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 Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	955		750		0	
12.250	9.625 L80	40.0	0	4818		1550		0	
8.750	5.500 P110	17.0	0	16583		2790		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	8717	8707						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9398	16482	9398 TO 16482		1200	OPEN
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
9398 TO 16482	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
03/11/2019	03/11/2019	24	→	918.0	2993.0	887.0			GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI	900	100.0	→	918	2993	887		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 #463626 VERIFIED BY THE BLM WELL INFORMATION SYSTEM
** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPEI

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	951			RUSTLER	951
LAMAR	4833			LAMAR	4833
TOP OF SALT	1277			TOP OF SALT	1277
BOTTOM OF SALT	4606			BOTTOM OF SALT	4606
BELL CANYON	4901			BELL CANYON	4901
CHERRY CANYON	5790			CHERRY CANYON	5790
BRUSHY CANYON	7222			BRUSHY CANYON	7222
BRUSHY CANYON A	8555			BRUSHY CANYON A	8555

32. Additional remarks (include plugging procedure):
BONE SPRING LIMESTONE 8785

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 #463626 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 04/30/2019

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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