

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 87412
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD
RECEIVED
AUG 01 2019

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 Operating LLC 2208 W. Main Street Artesia, NM 88210		² OGRID Number 229137
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 025-45149	⁵ Pool Name Berry; Bone Spring, North	⁶ Pool Code 5535
⁷ Property Code 322258	⁸ Property Name Little Bear Federal Com	⁹ Well Number 2H

II. ¹⁰ 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	33	20S	34E		406	South	565	East	Lea

¹¹ 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
I	28	20S	34E		2416	South	725	East	Lea

¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 6/19/19	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
	Targa Midstream Services, LP 1000 Louisiana Ste 4700 Houston, TX 77002	G
	Holly Refining and Marketing Co.	O

IV. Well Completion Data

²¹ Spud Date 9/14/18	²² Ready Date 6/19/19	²³ TD 18742'	²⁴ PBSD 17474'	²⁵ Perforations 11,560-18,625'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	1836'	1400		
12 1/4"	9 5/8"	5690'	2125		
8 3/4"	5 1/2"	18723'	3270		
	2 7/8"	10,939'			

V. Well Test Data

³¹ Date New Oil 6/19/19	³² Gas Delivery Date 6/19/19	³³ Test Date 6/19/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 2475#	³⁶ Csg. Pressure 1425#
³⁷ Choke Size 24/64"	³⁸ Oil 208	³⁹ Water 1815	⁴⁰ Gas 359	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: <i>Amanda Avery</i>	OIL CONSERVATION DIVISION Approved by: <i>P. Ma...</i>
Printed name: Amanda Avery	Title: <i>P. Ma...</i>
Title: Regulatory Analyst	Approval Date: 8/5/2019
E-mail Address: aavery@concho.com	
Date: 7/25/19	Phone: 575-748-6962

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: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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. NNMM0000082	
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 _____		6. If Indian, Allottee or Tribe Name	
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 33 T20S R34E Mer NMP At surface SESE Lot P 406FSL 565FEL 32.523443 N Lat, 103.558473 W Lon At top prod interval reported below SESE Lot P 406FSL 565FEL 32.523443 N Lat, 103.558473 W Lon Sec 28 T20S R34E Mer NMP At total depth NESE Lot I 2416FSL 725FEL 32.543486 N Lat, 103.559016 W Lon		7. Unit or CA Agreement Name and No.	
14. Date Spudded 09/14/2018		15. Date T.D. Reached 10/08/2018	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 06/19/2019		8. Lease Name and Well No. LITTLE BEAR FEDERAL COM 2H	
18. Total Depth: MD 18742 TVD 11266		19. Plug Back T.D.: MD 17464 TVD 11266	
20. Depth Bridge Plug Set: MD 18650 TVD 11266		9. API Well No. 30-025-45149	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)		17. Elevations (DF, KB, RT, GL)* 3815 GL	
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	1836		1400		0	
12.250	9.625 J55	40.0	0	5690	3869	2125		0	
8.750	5.500 P110	20.0	0	18723		3270		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	10939	10929						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	11560	18625	11560 TO 18625		1080	OPEN
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
11560 TO 18625	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
06/19/2019	06/19/2019	24	▶	208.0	359.0	1815.0			GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
24/64	SI 2475	1425.0	▶	208	359	1815		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 #475302 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

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	1749			RUSTLER	1749
TOP OF SALT	2149			TOP OF SALT	2149
BOTTOM OF SALT	3609			BOTTOM OF SALT	3609
BRUSHY CANYON	8409			BRUSHY CANYON	8409
BONE SPRING LIMESTONE	8793			BONE SPRING LIMESTONE	8793
1ST BONE SPRING	9929			1ST BONE SPRING	9929
2ND BONE SPRING	10386			2ND BONE SPRING	10386
3RD BONE SPRING	11257			3RD BONE SPRING	11257

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 #475302 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 07/25/2019

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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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.

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. NMNM0000082
2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY E-Mail: aavery@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6940	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T20S R34E Mer NMP SESE 406FSL 565FEL 32.523443 N Lat, 103.558473 W Lon		8. Well Name and No. LITTLE BEAR FEDERAL COM 2H
		9. API Well No. 30-025-45149
		10. Field and Pool or Exploratory Area BERRY; BONE SPRING, NORTH
		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 checked="" 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 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.

2/12/19 Test annulus to 1500# Set Composite Bridge plug @ 18,650' and test csg to 9505#. Good test.
5/18/19 to 5/25/19 Perf 11,560-18,625' (1080). Acdz w/111,762 gal 7 1/2%; frac w/ 14,378,380# sand & 12,504,198 gal fluid.
5/30/19 to 6/13/19 Drilled out CFP's #1 to #30. Clean down to 17464'. Will fish coil and tools and drill remaining CFP's at a later date.
6/14/19 6/16/19 Set 2 7/8" 6.5# L-80 tbg @ 10,939' packer @ 10,929'. Installed gas lift system.
6/19/19 Began flowing back & testing. Date of first production.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #475308 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 07/25/2019

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 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.

(Instructions on page 2)

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