

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

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 - 025-45115	⁵ Pool Name WC-025 G-09 S243532M; WOLFBONE	⁶ Pool Code 98098
⁷ Property Code 322259	⁸ Property Name Fascinator Federal Com	⁹ Well Number 705H

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
1	30	24S	35E		210	North	920	West	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
4	31	24S	35E		203	South	730	West	Lea

¹² Lse Code P	¹³ Producing Method Code F	¹⁴ Gas Connection Date 9/15/19	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	G
	Holly Refining and Marketing Co.	O

IV. Well Completion Data

²¹ Spud Date 11/11/18	²² Ready Date 9/15/19	²³ TD 22605'	²⁴ PBSD 22522'	²⁵ Perforations 12,819-22,497'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	1227'	1000		
12 1/4"	9 5/8"	11985'	3040		
8 1/2"	5 1/2"	2258'	4100		
	2 7/8	11984'			

V. Well Test Data

³¹ Date New Oil 9/15/19	³² Gas Delivery Date 9/15/19	³³ Test Date 9/15/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 3300#	³⁶ Csg. Pressure 325#
³⁷ Choke Size 21/64	³⁸ Oil 336	³⁹ Water 852	⁴⁰ Gas 374	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: 10/2/19

OIL CONSERVATION DIVISION
Approved by: *[Signature]*
Title: *L.M.*
Approval Date: *10/7/2019*
Phone: 575-748-6962

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.
NMNM14164

1a. Type of Well Oil Well Gas Well Dry Other
 b. Type of Completion New Well Work Over Deepen Plug Back Diff. Resvr.
 Other _____

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

2. Name of Operator **COG OPERATING LLC** Contact: **AMANDA AVERY**
E-Mail: **aavery@concho.com**

8. Lease Name and Well No.
FASCINATOR FEDERAL COM 705H

3. Address **2208 W MAIN STREET ARTESIA, NM 88210** 3a. Phone No. (include area code)
Ph: **575-748-6940**

9. API Well No. **30-025-45115**

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
 Sec 30 T24S R35E Mer NMP
 At surface **NWNW Lot 1 210FNL 919FWL 32.195171 N Lat, 103.412187 W Lon**
 Sec 30 T24S R35E Mer NMP
 At top prod interval reported below **NWNW Lot 1 210FNL 919FWL 32.195171 N Lat, 103.412187 W Lon**
 Sec 30 T24S R35E Mer NMP
 At total depth **SWSW Lot 4 199FSL 1130FWL 32.167828 N Lat, 103.412733 W Lon**

10. Field and Pool, or Exploratory
WC-025 G-09 S243532M; WO

11. Sec., T., R., M., or Block and Survey
or Area **Sec 30 T24S R35E Mer NMP**

12. County or Parish
LEA 13. State
NM

14. Date Spudded **11/11/2018** 15. Date T.D. Reached **02/26/2019** 16. Date Completed
 D & A Ready to Prod.
09/15/2019

17. Elevations (DF, KB, RT, GL)*

18. Total Depth: **MD 22605 TVD 12804** 19. Plug Back T.D.: **MD 22522 TVD 12804** 20. Depth Bridge Plug Set: **MD 22522 TVD 12804**

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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	1227		1000		0	/
12.250	9.625 L80	47.0	0	11985	5471	3040		0	
8.500	5.500 P110	23.0	0	22585		4100		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	11984	11974						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFBONE	12819	22497	12819 TO 22497		1764	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
12819 TO 22497	SEE ATTACHED INFORMATION

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
09/15/2019	09/15/2019	24	→	336.0	374.0	852.0			GAS LIFT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
21/64	3300	325.0	→	336	374	852		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 #486120 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	867			RUSTLER	867
TOP OF SALT	1350			TOP OF SALT	1350
BOTTOM OF SALT	5174			BOTTOM OF SALT	5174
LAMAR	5499			LAMAR	5499
BELL CANYON	5539			BELL CANYON	5539
CHERRY CANYON	6508			CHERRY CANYON	6508
BRUSHY CANYON	8048			BRUSHY CANYON	8048
BONE SPRING LIMESTONE	9357			BONE SPRING LIMESTONE	9357

32. Additional remarks (include plugging procedure):

1ST BONE SPRING 10500
2ND BONE SPRING 11117
3RD BONE SPRING 12079
WOLFCAMP 12659

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 #486120 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 10/02/2019

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 ****

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.
NMNM14164

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.
FASCINATOR FEDERAL COM 705H

9. API Well No.
30-025-45115

10. Field and Pool or Exploratory Area
WC-025 G-09 S243532M; WO

11. County or Parish, State
LEA COUNTY, NM

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 30 T24S R35E Mer NMP NWNW 210FNL 919FWL
32.195171 N Lat, 103.412187 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 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.

5/9/19 Test annulus to 1500# Set Composite Bridge plug @ 22,522' and test csg to 11,618#. Test Good.
6/21/19 to 7/19/19 Perf 12,819-22,497' (1764). Acdz w/71,064 gal 7 1/2%; frac w/ 19,284,101# sand & 14,062,608 gal fluid.
8/17/19 to 8/18/19 Drilled out CFP's. Clean down to PBTD @ 22,522'.
8/19/19 -8/25/19 Set 2 7/8" 6.5# L-80 tbg @ 11,984' packer @ 11,974'. Installed gas lift system.
9/15/19 Begun flowing back & testing Date of first production

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #486119 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 10/02/2019

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 ****