

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 87422
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

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 - 025-45058	⁵ Pool Name WC-025 G-07 S243517D; MIDDLE BONE SP	⁶ Pool Code 98294
⁷ Property Code 322226	⁸ Property Name Bonaid Federal Com	⁹ Well Number 14H

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
D	17	24S	35E		210	North	1110	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
N	20	24S	35E		201	South	1657	West	Lea
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 12/20/19	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
	Alpha Crude Connector Pipeline	O
24650	Targa Midstream Services, LP 1000 Louisiana - Ste 4700 Houston, TX 77002	G
378421	Holly Refining and Marketing PO Box 159 Artesia, NM 882120	O

IV. Well Completion Data

²¹ Spud Date 3/24/19	²² Ready Date 12/7/19	²³ TD 19,346'	²⁴ PBDT 19,130'	²⁵ Perforations 9,334-19,164'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	935'	1050		
12 1/4"	9 5/8"	5228'	1350		
8 3/4"	5 1/2"	19331'	3150		
	2 7/8"	8489'			

V. Well Test Data

³¹ Date New Oil 12/20/19	³² Gas Delivery Date 12/20/19	³³ Test Date 12/20/19	³⁴ Test Length 24Hrs	³⁵ Tbg. Pressure 750#	³⁶ Csg. Pressure 1250#
³⁷ Choke Size 26/64"	³⁸ Oil 60	³⁹ Water 3904	⁴⁰ Gas 215		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:
1/21/2020

Phone:
575-748-6962

OIL CONSERVATION DIVISION

Approved by: *P. Marks*

Title: *L.M.*

Approval Date: *2/11/2020*

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

JAN 24 2020

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. NMNM134886	
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		7. Unit or CA Agreement Name and No.	
Contact: AMANDA AVERY E-Mail: aavery@concho.com		8. Lease Name and Well No. BONAI FEDERAL COM 14H	
3. Address 2208 W MAIN STREET ARTESIA, NM 88210		9. API Well No. 30-025-45058	
3a. Phone No. (include area code) Ph: 575-748-6940		10. Field and Pool, or Exploratory WC-025 G-07 S243517D; MBS	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 17 T24S R35E Mer NMP At surface NWNW Lot D 210FNL 1110FWL 32.224207 N Lat, 103.394478 W Lon Sec 17 T24S R35E Mer NMP At top prod interval reported below NWNW Lot D 210FNL 1110FWL 32.224207 N Lat, 103.394478 W Lon Sec 20 T24S R35E Mer NMP At total depth SESW Lot N 201FSL 1657FWL 32.196310 N Lat, 103.392704 W Lon		11. Sec., T., R., M., or Block and Survey or Area Sec 17 T24S R35E Mer NMP	
14. Date Spudded 03/24/2019		13. State NM	
15. Date T.D. Reached 08/03/2019		12. County or Parish LEA	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 12/07/2019		17. Elevations (DF, KB, RT, GL)* 3377 GL	
18. Total Depth: MD 19346 TVD 9320		20. Depth Bridge Plug Set: MD 19259 TVD 9320	
19. Plug Back T.D.: MD 19130 TVD 9320		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	935		1050		0	
12.250	9.625 J55	40.0	0	5228		1350		0	
8.750	5.500 P110	17.0	0	19331		3150		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	8489	8479						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRINGS	9334	19164	9334 TO 19164		1400	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
9334 TO 19164	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
12/20/2019	12/20/2019	24	▶	60.0	215.0	3904.0			FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
26/64	750	1250.0	▶	60	215	3904		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	
			▶						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #500265 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	783			RUSTLER	783
TOP OF SALT	1152			TOP OF SALT	1152
BOTTOM OF SALT	4859			BOTTOM OF SALT	4859
LAMAR	5263			LAMAR	5263
BELL CANYON	5292			BELL CANYON	5292
CHERRY CANYON	6247			CHERRY CANYON	6247
BRUSHY CANYON	7683			BRUSHY CANYON	7683
BONE SPRING LIMESTONE	9012			BONE SPRING LIMESTONE	9012

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 #500265 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) AMANDA AVERY Title REGULATORY ANALYST

Signature (Electronic Submission) Date 01/22/2020

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.

5. Lease Serial No.
NMNM134886

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
BONAI FEDERAL COM 14H

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

9. API Well No.
30-025-45058

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
WC-025 G-07 S243517D; MBS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 17 T24S R35E Mer NMP NWNW 210FNL 1110FWL
32.224207 N Lat, 103.394478 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Hydraulic Fracture
	<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.

10/22/19 Test annulus to 1500# Set CBP @ 19,259' and test csg to 8,508#. Good test. Perf 19,234-19244'. Injection Test.
11/10/19 to 11/23/19 Perf 9,334-19,164' (1400). Acdz w/77,112 gal 7 1/2%; frac w/ 20,060,881# sand & 19,089,042gal fluid.
12/2/19 to 12/3/19 Drilled out CFP's. Clean down to PBTD @19,130'.
12/4/19 -12/7/19 Set 2 7/8" 6.5# L-80 tbg @ 8,489' packer @ 8,479'.
12/20/19 Began flowing back & testing. Date of first production.

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #500268 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) AMANDA AVERY

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 01/22/2020

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 ****