| Submit 3 Copies To Appropriate Office  | e District S  | State of New Mexico                      |                                       | Form C-103                                   |  |
|--|---|--|---------------------------------------|--|--|
| District I   | Energy, M   | Iinerals and Natural                     | Resources                             |  | June 19, 2008  |
| 1625 N. French Dr , Hobbs, NM  | 88240   |  |                                       | WELL API NO.                                 | 20072  |
|  | District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION |  |                                       | 30-015-38972                                 |  |
| District III 1220 South St. Francis Dr.  |   |  | s Dr.                                 | 5. Indicate Type of Lease STATE FEE          |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV  Santa Fe, NM 87505  |   |  | 5                                     | 6. State Oil & Gas Lea                       | the state of the s |
| 1220 S. St. Francis Dr., Santa Fe  | e, NM   |  |                                       |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| 87505<br>SUNDE   | RY NOTICES AND REPO   | ORTS ON WELLS                            |                                       | 7. Lease Name or Unit                        | Agreement Name   |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |   |  |                                       |  |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)  1. Type of Well: Oil Well  Gas Well  Other |   |  |                                       | Empire State SWD 9                           |  |
|  |   |  |                                       | 8. Well Number                               |  |
|  |   |  |                                       | 4  |  |
| 2. Name of Operator  |   |  |                                       | 9. OGRID Number                              |  |
| COG Operating LLC  |   |  |                                       | 229137                                       |  |
| 3. Address of Operator   |   |  |                                       | 10. Pool name or Wildcat<br>SWD; Cisco 96099 |  |
| 550 W. Texas Ave., Suite 100 Midland, TX 79701   |   |  |                                       | SWD; Cisco 96099                             |  |
| 4. Well Location   | ((0) 0  | ar NT at a                               | . 540                                 |  |  |
| Unit Letter A  |   |  |                                       | eet from the <u>East</u>                     | - ' '  |
| Section  |   |  | 9E NMPM                               | County Eddy                                  | 1  |
|  | 11. Elevation   | (Show whether DR, RI<br>3582' GŔ         | (B, R1, GR, etc.)                     |  |  |
|  | 192   | 3302 GR                                  | · · · · · · · · · · · · · · · · · · · | <u>leženina enite</u>                        | The state of the state of  |
| 12   | Check Appropriate Bo  | ov to Indicate Nati                      | ra of Notice P                        | apart or Other Date                          | ,  |
| 12.  | Check Appropriate Di  | ox to mulcate that                       | ire of Notice, K                      | eport of Other Date                          | 1  |
| NOTICE   | OF INTENTION TO   | O:                                       | SUBS                                  | <b>EQUENT REPOF</b>                          | RT OF:   |
| . PERFORM REMEDIAL W   | ORK D PLUG AND A  | BANDON 🗌 R                               | EMEDIAL WORK                          | ☐ ALT  | ERING CASING 🔲 🖟   |
| TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS. P AND A   |   |  |                                       |  |  |
| PULL OR ALTER CASING   |   | DMPL C                                   | ASING/CEMENT .                        | JOB $\square$                                | !<br>!   |
| DOWNHOLE COMMINGL  | .E U  |  |                                       |  | •  |
| OTHER:   |   | П  | THER:                                 |  | ;  |
|  | l or completed operations.  |  |                                       | give pertinent dates, inc                    | cluding estimated date   |
|  | posed work). SEE RULE   |  |                                       |  |  |
| or recompletion.   |   |  |                                       |  |  |
| •  |   |  |                                       |  | W 47   |
| COG Operating respec   | etfully requests permission   | to change the product                    | tion casing as follo                  | nwe.   |  |
| COO Operating respec   | riumy requests permission   | to change the product                    | non casing as ione                    | / <b>/</b>                                   |  |
| Drill 8-3/4" hole to 83:   | 50' w/cut br mud system,  | wt 8.7-9.3, vis 28, set                  | 7" casing & cemen                     | nt to surface.                               | 3 % 4/   |
| Drill 6-1/8" open hole   | to +/-9000'.  |  |                                       |  |  |
| ,<br>mi :  |   | Q 1001 · · · · · · · · · · · · · · · · · | . 11 1 0 00 04                        |  | 0 0/   |
| This procedure was or  | iginally applied for on the   | C-108 but was accide                     | ntally left off of th                 | le C-101.,                                   | NMOCD ARTESIA  |
|  |   |  |                                       |  | <u> </u>   |
|  | 10/11/11  |  |                                       |  | •  |
| Spud Date:   | 10/11/11  | Rig Release Date:                        |                                       |  |  |
| <u> </u>   |   |  |                                       |  |  |
| *  |   |  |                                       |  |  |
| I hereby certify that the info   | ormation above is true and  | d complete to the best                   | of my knowledge                       | and belief.                                  |  |
| CICNATURE A  | as I HEAR   | TITLE Down                               | latami Amalijat                       | DATE 10                                      | /20/2011   |
| SIGNATURE ACTIVITY   | W CRUIT   | TITLE Regu                               | latory Analyst                        | DATE <u>10</u>                               | 0/20/2011  |
| Type or print name Ro  | byn M. Odom   | E-mail address: ro                       | dom@concho.con                        | n PHONE: <u>432</u>                          | 2-685-4385   |
| For State Use Only   | 1   | 7  | 1                                     |  |  |
|  | 11/10000  | / OITA                                   | Lacist                                |  | OCT 272011   |
| APPROVED BY:   | U. UHUMU  | TITLE JOU                                | 101121                                | DATE_  | · · · · · · · · · · · · · · · · · · ·  |
| Conditions of Approval (if   | any):   |  | <b>\</b>                              |  |  |