

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-39323
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Big Boy State
8. Well Number: 5
9. OGRID Number: 229137
10. Pool name or Wildcat Red Lake; Glorieta-Yeso, Northeast

SUNDRY NOTICES AND REPORTS ON WELLS (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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	<b>RECEIVED</b>  AUG 13 2012  NMOCD ARTESIA
2. Name of Operator COG Operating LLC	
3. Address of Operator 550 West Texas Avenue Suite 100, Midland, TX 79701	
4. Well Location Unit Letter <u>O</u> : <u>870</u> feet from the <u>South</u> line and <u>1560</u> feet from the <u>East</u> line Section <u>36</u> Township <u>17S</u> Range <u>27E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3661' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/06/12 Test csg to 3500# for 30 min, test to 5000# for 5 min, good test

5/07/12 PERF LWR BLNBRY: PBTD@ 4891'- PERFS@ 4375'-4600'- 26 HOLES -1SPF, Acidize w/2000 gal 15%, frac w/101K gal carrying 146,480# 16/30 white+ 37,919# 16/30 sic

5/08/12 Perf Mid Blnbry 4090'-4315'. 26 holes. 1spf, Acidize w/1500 gal 15%, Frac w/116K gal gel carrying 149,403# 16/30 white+ 30,751# 16/30 sic, Perf upp Blnbry 3805'-4030'. 26 holes. 1spf, acidize w/1500 gal 15%, frac w/119K gal gel carrying 141,650# 16/30 white+ 26,759# 16/30 sic, Per Paddock 3410'-3660'. 26 holes. 1spf, acidize w.1500 gal 15%, Frac w/100K gal gel carrying 109,129# 16/30 white+ 20,607# 16/30 sic

5/17/12 RIH W/ BIT TAG FILL @ 3643'. BREAK CIRCULATION W/ AIR FOAM UNIT CLEAN SAND FROM 3643' TO CBP@ 3690'. LOWER BIT TAG FILL@ 4032', CLEAN SAND FROM 4032' TO CBP@ 4094. LOWER BIT TAG FILL@ 4260', CLEAN SAND FROM 4260' TO CBP @ 4337'. LOWER BIT TAG FILL@ 4714', CLEAN SAND FROM 4714' TO PBTD@ 4894' CIRC CLEAN

5/20/12 RIH W/2 7/8 J-55 YB TBG. EOT@ 4537', 2 7/8 BULL PLUG, 5- 2 7/8 MUD JTS., DESANDER, SN@ 4355', 35-2 7/8 JTS, TAC@ 3216', 2-2 7/8 JTS., 2 7/8 X 2' MJ, 97-2 7/8 JTS. TO SURFACE

5/21/12 RIH as follows: 2 1/2" x 2" x 24' pump, 33k shear tool, lift sub, 16- 1 1/2" sinker bars (400'), 83-7/8 steel rods (2075'), 48-1 1/4" FG rods (1800'), 6' x 1 1/4" FG pony sub, 26' x 1 1/2" polish rod, Hang well, RDMO, turn over to production

Spud Date: 4/21/12

Rig Release Date: 5/21/12

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE B. Maiorino TITLE Regulatory Analyst DATE 7/30/12

Type or print name Brian Maiorino E-mail address: bmaiorino@concho.com PHONE: 432-221-0467

For State Use Only

APPROVED BY: RDade TITLE Dist. # Supervisor DATE 8/16/12  
Conditions of Approval (if any):