

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 July 18, 2013

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

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-015-27882
2. Name of Operator COG Operating LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator One Concho Center 600 W. Illinois Midland, TX 79701		6. State Oil & Gas Lease No. Federal Lease # NMNM016786
4. Well Location Unit Letter <u>B</u> : <u>720</u> feet from the <u>North</u> line and <u>2005</u> feet from the <u>East</u> line Section <u>11</u> Township <u>17S</u> Range <u>29E</u> NMPM Eddy County		7. Lease Name or Unit Agreement Name Saber Federal
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3641'		8. Well Number 1
		9. OGRID Number 229137
		10. Pool name or Wildcat SWD; Upper Penn

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

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

3/25/15 MIRU. Pump mud down tbg to kill well. Release prk. TOOH w/jts
 3/26/15 TIH w/260jts 2-7/8 L80 TBG, set prk @ 8451. Set RBP @ 8467. Pressure casing to 500psi. Tested good. Release prk and RBP.
 3/30/15 Hydrotest in hole w/prk, 2.31 profile nipple, on/off tool, 260jts 3-1/2 composite lined tbg.
 3/31/15 Set prk @ 8576, test csg and prk to 500psi. circulate 300 bbls prk fluid. Latch on prk and test to 500psi. ND BOP, Flange well up, test csg and prk to 500psi for 30 mins. Ok.
 4/2/15 Run MIT. Pressure test csg to 500psi, hold for 30 minutes recording on chart. MIT test good. Well ready for disposal.

Spud Date: Rig Release Date:

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

SIGNATURE C. JACKSON TITLE Regulatory Analyst DATE 4/7/15

Type or print name Chasity Jackson E-mail address: cjackson@concho.com PHONE: 432-686-3087

For State Use Only

APPROVED BY: RECHARD INNES TITLE COMPLIANCE OFFICER DATE 6/3/15
 Conditions of Approval (if any):