

Submit 3 Copies to Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., 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 and Natural Resources

Form C-103  
May 27, 2004

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

WELL API NO.

**30-015-04231**

5. Indicate Type of Lease **FEDERAL**  
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
**JENKINS B FEDERAL**

8. Well Number **4**

9. OGRID Number  
**229137**

10. Pool name or Wildcat

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 ☐ Gas Well ☒ Other **Water Injection**

2. Name of Operator

**COG Operating LLC**

3. Address of Operator

**550 W. Texas Ave., Suite 1300 Midland, TX 79701**

4. Well Location

Unit Letter **F** : **1650** feet from the **North** line and **1650** feet from the **West** line  
Section **20** Township **17S** Range **30E** NMPM **Eddy** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**N/A**

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: **Convert to injection** ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/17/07 Test/tag anchors. MIRU WS WSU. Release pump, LD rods & pump. MIRU reverse unit, frac tank. NU BOP. SIFN.

08/20/07 Release TA. NU BOP. TOO H w/ tbg. LD TA. PU 3 3/4" bit, casing scraper, XO, 150 jts tbg. Tag PBTD @ 4,720'. Pump 200 bbls LSW via annulus, no circ. TOO H. RU wireline. Perforate 1 jspf w 3 1/8" csg guns: 4307', 4312', 4319', 4332', 4336', 4342', 4360', 4365', 4381', 4465', 4471', 4475', 4500', 4509', 4519'. SIFN.

08/21/07 PU PPI tools, TIH. Test tools. PPI 10 old perforations. plus 15 new perforations with 800 gallons 15% NeFe HCl. Acidize with 3,200 gallons acid. Release packer. LD all 2 7/8" tbg and tools. SIFN

08/22/07 PU PC 4 1/2" PL Arrowset packer, PL SN, 138 jts 2 3/8" PC J-55 4.7# EUE tbg., Set packer @ 4,231' in 12K tension. Load annulus with fresh water packer fluid. ND BOP. NU wellhead. Pressure test casing to 400 psi for 30 min. RD WSU. MIT test scheduled for 9:00 AM Thursday.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Phyllis Edwards TITLE Regulatory Analyst DATE 8/24/07

Type or print name Phyllis Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340  
**For State Use Only**

APPROVED BY: Richard Inge TITLE Compliance Officer DATE 9/4/2007  
Conditions of Approval (if any):

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1220 South St. Francis Dr.  
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|   |
|---|
| WELL API NO.<br><b>30-015-04231</b>   |
| 5. Indicate Type of Lease <b>FEDERAL</b><br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br><b>JENKINS B FEDERAL</b>  |
| 8. Well Number <b>4</b>   |
| 9. OGRID Number<br><b>229137</b>  |
| 10. Pool name or Wildcat  |

|   |  |
|---|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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 <b>Water Injection</b>  |  |
| 2. Name of Operator<br><b>COG Operating LLC</b>   |  |
| 3. Address of Operator<br><b>550 W. Texas Ave., Suite 1300 Midland, TX 79701</b>  |  |
| 4. Well Location<br>Unit Letter <b>F</b> : <b>1650</b> feet from the <b>North</b> line and <b>1650</b> feet from the <b>West</b> line<br>Section <b>20</b> Township <b>17S</b> Range <b>30E</b> NMPM <b>Eddy</b> County |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>N/A</b>  |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>  |  |
| Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____  |  |
| Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____   |  |

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

|  |   |  |  |
|--|---|--|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>                     |  |
| 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 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"/>       |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: <b>MIT TEST &amp; CHART</b>               | <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8-23-07 OCD Field Inspector District II representative Richard Inge ran successful MIT.  
COG representative Morris Keith witnessed test.  
Chart is attached.

|           |                  |                          |             |
|-----------|------------------|--------------------------|-------------|
| <u>TD</u> | <u>PKR DEPTH</u> | <u>BARRELS INJECTING</u> | <u>RATE</u> |
| 4720      | 4231             | 500                      | 500         |

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Phyllis Edwards TITLE Regulatory Analyst DATE 8/24/07

Type or print name Phyllis Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340  
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