

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. 30-015-29697
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. E-4201

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"/>		7. Lease Name or Unit Agreement Name Continental A State
2. Name of Operator COG Operating LLC	JAN 17 2008	8. Well Number 2
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701	OCD-ARTESIA	9. OGRID Number 229137
Well Location Unit Letter <u>F</u> : <u>1650</u> feet from the <u>North</u> line and <u>1251</u> feet from the <u>West</u> line Section <u>30</u> Township <u>17S</u> Range <u>29E</u> NMPM County <u>Eddy</u>		10. Pool name or Wildcat Empire; Glorieta-Yeso 96210
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3652' GR		
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

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"/> 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: ReFrac Existing Perfs @ 3892'-4168' <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 12-03-07 MIRU. POOH w/pump rods & tbg.
- 12-05-07 RIH w/10K packer. Set Pkr @ 3500'.
- 12-06-07 Frac w/93,534 gals 30# HPG treated fresh wtr pumped via 3 1/2" tbg; 79,180# 16/30 Ottawa sand; 15,260# SiberProp.
- 12-08-07 Release Pkr & POOH.
- 12-10-07 RIH w/118 jts 2 7/8" tbg, SN @ 4208. RIH w/2 7/8"x2"x20' pump & rods. Hang well on.

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 Carol Ann Lance TITLE Regulatory Analyst DATE 01/04/2008

Type or print name Carol Ann Lance E-mail address: clance@conchoresources.com Telephone No. 432-685-4395

For State Use Only

FOR RECORDS ONLY

JAN 17 2008

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):