

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. **30-015-37523**

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
**Kool Aid State**

8. Well Number **24**

9. OGRID Number  
**229137**

10. Pool name or Wildcat **96210**  
**Empire; Glorieta-Yeso**

**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

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 **C** : **330'** feet from the **North** line and **1650'** feet from the **West** line  
 Section **24** Township **17S** Range **28E** NMPM County **EDDY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3711' GR**

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: \_\_\_\_\_ Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

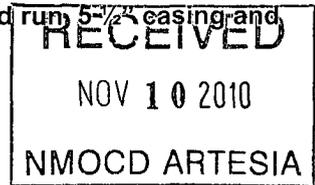
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	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: <b>Change casing program</b> <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

COG Operating LLC respectfully requests permission to change the casing program to:

Type	Hole Size	Casing Type	Casing Weight/ft.	Setting Depth	Sacks of Cement	Est TOC
Surf	17.5	13.375	48	250	300	0
Inter	11 or 12-1/4	8.625	24	850	400	0
Prod	7.875	5.50	17	5400	900	0

COG proposes to drill 17-1/2" hole to 250' w/ fresh water mud system, wt. 8.5, vis 28, set 13-3/8" casing & cement to surface. Drill 11" or 12-1/4" hole to 850' w/ brine mud system, wt 10, vis 30, set 8-5/8" casing & cement to surface. Drill 7 7/8" hole to 5400' w/ cut brine mud system, wt 9.1, vis 29-32, test Yeso formation and run 5-1/2" casing and cement to surface.



Note: On production string, a fluid caliper will be run, COG will attempt to circulate cement.

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 Robyn Odom TITLE Regulatory Analyst DATE 11-09-2010

Type or print name Robyn M. Odom E-mail address: rodom@conchoresources.com Telephone No. 432-685-4385

For State Use Only  
 APPROVED BY: David May TITLE Field Supervisor DATE 11-15-10

Conditions of Approval (if any):  
cement must be circulated on surf. csg.