Submit I Copy To Appropriate District	State of New Mexico	Form C-103		
Office	gy, Minerals and Natural Resources	Revised August 7, 2011 WELL API NO. 30-025-40917		
1625 N. French Dr., Hobbs, NM 88240				
811 S First St Artesia NM 88210 UII	CONSERVATION DIVISION	5. Indicate Type of Lease		
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874 AR 2 4 2014 <u>District IV</u> – (505) 476-3460	1220 South St. Francis Dr.	STATE FEE		
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND	REPORTS ON WELLS	7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSALS TO DR DIFFERENT RESERVOIR. USE "APPLICATION FOR PROPOSALS.)		Lightning 1 State SWD		
1. Type of Well: Oil Well Gas We	Il Other <u>SWD</u>	8. Well Number		
2. Name of Operator		9. OGRID Number		
COG Operating LLC /	229137 10. Pool name or Wildcat			
2208 W. Main Street, Artesia, NM 88210	SWD; Cherry Canyon-Brushy Canyon			
4. Well Location Unit Letter::	feet from the line and	2300 feet from the <u>West</u> line		
Section 1 Townsh	ip 21S Range 33E	NMPM Lea County		
11. Elev	ation (Show whether DR, RKB, RT, GR, etc. 3784' GR	.)		
12. Check Appropria	te Box to Indicate Nature of Notice,	, Report or Other Data		
NOTICE OF INTENTIC		SSEQUENT REPORT OF:		
—				
		— — —		
OTHER: Frac	OTHER:			
	RULE 19.15.7.14 NMAC. For Multiple Co	nd give pertinent dates, including estimated date ompletions: Attach wellbore diagram of		
proposed completion of recompletion.				
COG Operating LLC plans to frac the permittee wellbore damage and hopefully improve the wa changed.				
Spud Date: 4/21/13	Rig Release Date:	5/6/13		
I hereby certify that the information above is true	ue and complete to the best of my knowled	ge and belief.		
SIGNATURE Stor Dans	TITLE: <u>Regulatory Analyst</u>	DATE: <u>3/21/14</u>		
Type or print name: <u>Stormi Davis</u>	E-mail address: <u>sdavis@concl</u>	no.com PHONE: (575) 748-6946		
For State Use Only		())) ion APR 1 4 2014		
APPROVED BY: Conditions of Approval (if any)	TITLE Unique	DATE		

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