

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720
District II
1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
Permit 40327

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: ☐		WELL API NUMBER 30-015-35052
		5. Indicate Type of Lease S
		6. State Oil & Gas Lease No.
2. Name of Operator COG OPERATING LLC		7. Lease Name or Unit Agreement Name CONTINENTAL A STATE
3. Address of Operator 550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701		8. Well Number 012
4. Well Location Unit Letter 1 : 330 feet from the N line and 583 feet from the W line Section 30 Township 17S Range 29E NMPM Eddy County		9. OGRID Number 229137
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3660 GR.		10. Pool name or Wildcat
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 OF PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
CASING/CEMENT JOB ☐
Other: **Drilling/Cement** ☒

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.
9-24-06 Spud 17-1/2" @ 5:00pm. 9-25-06 TD 17-1/2 @ 325'. Ran 8jts 48# H40 13-3/8 @ 322'. Cmt w/448sx C. PD @ 10:00am. Circ 100sx. WOC 18hrs. Test csg to 1800# for 30 min-OK.
9-26-06 TD 12-1/4 @ 805'. 9-27-06 Ran 18jts 24# J55 8-5/8 @ 805'. Cmt w/400sx C. Tail w/200sx C. PD @ 9:45am. Circ 130 sx. WOC 12 hrs. Test csg to 600# for 30min-OK.
10-15-06 TD 7-7/8" @ 5460'. 10-17-06 Ran 121jts 17# J55 5-1/2" @ 5454'. Cmt 1st stg w/480 sx C. 10-18-06 Cmt 2nd stg w/200sx C. Tail w/900 sx C. PD @ 3:45am. Circ 200sx. WOC 12hrs. Test csg to 600# for 30min-OK. **9/24/2006** Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
09/25/06	Surf		17.5	13.375	48		0	322	448		C				Y
09/27/06	Int1		12.25	8.625	24		0	805	600		C				Y
10/18/06	Prod		7.875	5.5	17		0	5454	1580		C				Y

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 Electronically Signed TITLE Regulatory Analyst DATE 10/25/2006
Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-685-4372

For State Use Only:
APPROVED BY: Bryan Arrant TITLE Geologist DATE 10/26/2006 8:16:59 AM