

## 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

Form C-103  
Permit 85189

**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

WELL API NUMBER  
30-015-36308

5. Indicate Type of Lease  
S

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
G J WEST COOP UNIT

8. Well Number  
199

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 RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: O

2. Name of Operator  
COG OPERATING LLC

3. Address of Operator  
550 W TEXAS , , SUITE 1300 MIDLAND , TX 79701

## 4. Well Location

Unit Letter P : 330 feet from the S line and 990 feet from the E line  
Section 16 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)

3554 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: \_\_\_\_\_ 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.

10/08/08 Spud 17-1/2 @ 4:00pm. TD 17-1/2j @ 306'. 10/09/08 Ran 7jts 13-3/8 H40 43# @ 305'. Cmt w/180sx C lead, 300sx C 2nd lead, 350sx C tail. PD @ 7:30pm. Circ 150sx. WOC 18hrs. Test csg to 1800# for 30min,ok.10/10/08 TD 11 @ 815'. 10/11/08 Ran 19jts 8-5/8 J55 32# @ 814'. Cmt w/300sx C lead, 400sx C tail. PD @ 5:00am. Circ 68sx. WOC 12hrs. Test csg to 600# for 30min, ok. 10/18/08 TD 7-7/8 @ 5475'. Ran 146jts 5-1/2 J66 17# @ 6474'. Cmt w/800sx C lead,400sx C tail. PD @ 4:00pm. Circ 181sx. WOC 12hrs. Test csg to 600# 30min,ok. RR. **10/8/2008** 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
10/09/08	Surf		17.5	13.375	48	H40	0	305	730		C				Y
10/11/08	Int1		11	8.625	32	J55	0	814	700		C				Y
10/18/08	Prod		7.875	5.5	17	J66	0	6474	1200		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 11/14/2008

Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

## For State Use Only:

APPROVED BY: Tim Gum TITLE District Supervisor DATE 11/18/2008 4:37:30 PM