

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 101421

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.)		WELL API NUMBER 30-015-37103
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator 550 W TEXAS , , SUITE 1300 MIDLAND , TX 79701		7. Lease Name or Unit Agreement Name YUCCA STATE
4. Well Location Unit Letter <u>F</u> : <u>2350</u> feet from the <u>N</u> line and <u>2310</u> feet from the <u>W</u> line Section <u>16</u> Township <u>17S</u> Range <u>31E</u> NMPM <u>Eddy</u> County		8. Well Number 012
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3799 GR.		9. OGRID Number 229137
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 _____		10. Pool name or Wildcat

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 ☒
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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.

08/17/09 Spud 17-1/2" @ 2:30PM. TD 17-1/2" @ 476'.

08/18/09 Ran 11jts 13-3/8 H40 48# @476'. Cmt w/ 448sx C. PD @ 6:15am. Circ 117sx. WOC 18 hrs. Test BOP to 1000# for 30 min., ok.

08/19/09 TD 11" @ 1803'.

08/20/09 Ran 40jts 8-5/8 J55 32# @ 1803'. Cmt w/ 400sx C. lead, 200sx C. tail. PD @ 7:30am. Circ 145sx. WOC 18 hrs. Test BOP to 2000# for 30 min, ok.

08/25/09 TD 7-7/8" @ 6600.

08/26/09 Ran 158jts 5-1/2 J55 17# @ 6600. Cmt w/ 700sx C. lead, 400sx C. tail. PD @ 9:15pm. Circ 216sx WOC 24hrs.

08/27/09 RR Will test csg to 3500# for 30 min on completion rig.

8/17/2009 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
08/17/09	Surf		17.5	13.375	48	H40	0	476	448		C				Y
08/19/09	Int1		11	8.625	32	J55	0	1803	600		C				Y
08/25/09	Prod		7.875	5.5	17	J55	0	6600	1100		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 9/2/2009
Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

For State Use Only:
APPROVED BY: Jacqueta Reeves TITLE District Geologist DATE 9/4/2009 9:07:54 AM