

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 116101

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 30-015-37539
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 G J WEST COOP UNIT
4. Well Location Unit Letter C : 330 feet from the N line and 1650 feet from the W line Section 16 Township 17S Range 29E NMPM Eddy County		8. Well Number 211
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3582 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** ☒

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.
 5/10/10 Spud 17-1/2" @ 2pm. TD 17-1/2" @363. Ran 8jts 13-3/8 H40 48# @363. 5/11/10 Cmt w/300sx C.,250sx C.,400sx C. PD@7:30am. No Circ. Run Temp Svy. TOC@220'. RIH w/1" to @140w/125sx. Circ 20sx. WOC 18hrs. Test csg to 600# for 30 min,ok.5/12/10 TD 11" @866. Ran 19jts 8-5/8 J55 24# @866. Cmt w/300sx C,250sx C,350sx C,300sx C. PD@1:45pm. no Circ. Run Temp Svy. TOC@220'. RIH w/1" to 150w/56sx. Circ 17sx. WOC 18 hours. Test csg to 2000# for 30 min, ok. 5/16/10 TD 7-7/8" @5585. Ran 126jts 5-1/2 J55 17# @5576. Cmtw/500sx C.ld,400sx C.tl. PD @2:30pm. Circ 190sx. WOC 24 hrs. RR. 5/10/2010 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
05/10/10	Surf		17.5	13.375	48	H40	0	363	950		C				Y
05/12/10	Int1		11	8.625	24	J55	0	866	1200		C				Y
05/16/10	Prod		7.875	5.5	17	J55	0	5576	900		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 6/17/2010
 Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

For State Use Only:
 APPROVED BY: Randy Dade TITLE District Supervisor DATE 6/22/2010 4:04:58 PM

Drilling Comments

OGRID: [229137] COG OPERATING LLC

Permit Number: 116101

Permit Type: Drilling

Created By	Comment	Comment Date
kcarrillo	Test csg to 3500# for 30 min. ok.	6/17/2010