

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 126777

WELL API NUMBER 30-025-39951	
5. Indicate Type of Lease S	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name MAGNUM PRONTO STATE COM	
8. Well Number 004H	
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 <u>4</u> : <u>330</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>E</u> line Section <u>32</u> Township <u>19S</u> Range <u>32E</u> NMPM Lea County	
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3535 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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.
 TD 17 1/2" hole to 930' on 12/30/10. Set 13 3/8" 54.5# J-55 csg @ 925'. Cmt w/575 sx Prem+ and tailed in w/250 sx. Circ 279 sx to surface. WOC 18 hrs. Tstd csg to 1500# for 30 mins.

TD 12 1/4" hole to 4015' 1/4/11. Set 9 5/8" 36# & 40# J-55 csg to 4010'. Cmt 1st Stage w/400 sx Prem+ and tailed in w/250 sx. Cmt 2nd Stage w/800 sx Prem+ and tailed in w/100 sx. Circ 209 sx to surface. WOC 18 hrs. Tstd csg to 1500# for 30 mins. **12/29/2010** 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
12/31/10	Surf		17.5	13.375	54.5	J55	0	925	825		P+		1500	0	
01/04/11	Int1		12.25	9.625	9.625	J55	0	4010	1550		P+		1500	0	

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 Production Reporting Mgr DATE 2/7/2011

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

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 2/8/2011 7:42:02 AM