

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 128504

|                                                                                                                                                                                                                                                                                                                                         |  |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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<br>30-015-37260                    |
| 1. Type of Well: O                                                                                                                                                                                                                                                                                                                      |  | 5. Indicate Type of Lease<br>S                     |
| 2. Name of Operator<br>COG OPERATING LLC                                                                                                                                                                                                                                                                                                |  | 6. State Oil & Gas Lease No.                       |
| 3. Address of Operator<br>550 W TEXAS, SUITE 1300, MIDLAND, TX 79701                                                                                                                                                                                                                                                                    |  | 7. Lease Name or Unit Agreement Name<br>EGGS STATE |
| 4. Well Location<br>Unit Letter <u>B</u> : <u>660</u> feet from the <u>N</u> line and <u>1650</u> feet from the <u>E</u> line<br>Section <u>8</u> Township <u>25S</u> Range <u>30E</u> NMPM <u>Eddy</u> County                                                                                                                          |  | 8. Well Number<br>001H                             |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3212 GR                                                                                                                                                                                                                                                                            |  | 9. OGRID Number<br>229137                          |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>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.  
 3/5/11 TD 7 7/8" hole to 13837'. Set 5 1/2" 17# P-110 csg @ 13837'. Cmt 1st Stage w/600 sx Class H. Cmt 2nd Stage w/650 sx Class H. Tailed in w/100 sx. Cmt 3rd Stage w/600 sx Class C. Tailed in w/100 sx. Circ 90 sx to surface. Released rig 3/7/11. 2/12/2011 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 |
|----------|--------|------------|-----------|----------|--------------|-------|---------|----------|-------|-------|-------|---------|-----------|-----------|-----------|
| 02/14/11 | Surf   |            | 17.5      | 13.375   | 48           | H40   | 0       | 936      | 850   |       | C     |         | 500       | 0         |           |
| 02/19/11 | Int1   |            | 12.25     | 9.625    | 36           | J55   | 0       | 3535     | 950   |       | Prem+ |         | 1500      | 0         |           |
| 03/06/11 | Prod   |            | 7.875     | 5.5      | 17           | P110  | 0       | 13837    | 2050  |       | H     |         |           |           |           |

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 3/10/2011  
 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 3/14/2011 10:29:28 AM