<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone: (505) 393-6161 Fax: (505) 393-0720	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr.		Form C-103 Permit131331
District II 1301 W. Grand Ave., Artesia, NM 88210 Phone:(505) 748-1283 Fax:(505) 748-9720			WELL API NUMBER 30-015-37996
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV	Santa l	Fe, NM 87505	5. Indicate Type of Lease S
1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462			6. State Oil & Gas Lease No.
SUNDRY NOTICES A (DO NOT USE THIS FORM FOR PROPOSAL A DIFFRENT RESERVIOR. USE "APPLICAT PROPOSALS.)	Lease Name or Unit Agreement Name     WHITE OAK STATE     Well Number		
1. Type of Well:O			014
Name of Operator     COG OPERATING LLC			9. OGRID Number 229137
3. Address of Operator 550 W TEXAS, SUITE 1300, MIDLAND, TX 79701			10. Pool name or Wildcat
11. Elevation (Show whether DR, KB, BT, GR, etc.)  3678 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 PERFORM REMEDIAL WORK   PLUG A TEMPORARILY ABANDON   CHANG	N TO:	The state of the s	NT REPORT OF:  ALTER CASING
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.			
5/4/2011 Spudded well.			
5/4/11 Spud 17.5" hole @ 2PM.			
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 \( \bar{\cappa} \), a general permit \( \bar{\cappa} \) or an (attached) alternative OCD-approved plan \( \bar{\cappa} \).			
SIGNATURE Electronically Signed	TITLE P	roduction Reporting Mgr	DATE 5/5/2011
Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 7443			
For State Use Only: APPROVED BY: Randy Dade	TITLE Di	strict Supervisor	DATE 5/6/2011