

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 133036

|   |
|---|
| WELL API NUMBER<br>30-015-38981                           |
| 5. Indicate Type of Lease<br>S                            |
| 6. State Oil & Gas Lease No.                              |
| 7. Lease Name or Unit Agreement Name<br>MYOX 29 STATE COM |
| 8. Well Number<br>001H                                    |
| 9. OGRID Number<br>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 M : 330 feet from the S line and 330 feet from the W line  
Section 29 Township 25S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)  
2989 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 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.  
6/9/11 TD 12 1/4" hole to 2250'. Ran 9 5/8" 36# J-55 tbg set @ 2250'. Cmt w/750 sx Class C. Tailed in w/250 sx. Circ 423 sx to surface. WOC 18 hrs. Test csg to 1500#. Tested ok. 6/4/2011 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 |
|----------|--------|------------|-----------|----------|--------------|-------|---------|----------|-------|-------|-------|---------|-----------|-----------|-----------|
| 06/05/11 | Surf   |            | 17.5      | 13.375   | 48           | N80   | 0       | 379      | 450   |       | C     | 217     | 1000      | 0         |           |
| 06/09/11 | Int1   |            | 12.25     | 9.625    | 36           | J55   | 0       | 2250     | 1000  |       | C     |         | 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 6/13/2011

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 6/14/2011 9:40:35 AM