<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 Permit135147
District II 811 S. First St., Artesia, NM 88210 Phone:(505) 748-1283 Fax:(505) 748-9720			WELL API NUMBER 30-015-38326
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV	Santa	Fe, NM 87505	5. Indicate Type of Lesse 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 FORAN STATE Well Number 004		
1. Type of Well:O			
2. Name of Operator COG OPERATING LLC			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.) 3861 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:		NT REPORT OF: ALTER CASING
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.			
7/26/2011 Spudded well.			
7/26/11 Spud $17.5"$ hole @ 6PM.			
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 \(\Gamma\), a general permit \(\Gamma\) or an (attached) alternative OCD-approved plan \(\Gamma\).			
SIGNATURE Electronically Signed	TITLE P	roduction Reporting Mgr	DATE 7/27/2011
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 Di	strict Supervisor	DATE 7/28/2011