

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 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
August 1, 2011
Permit 135769

WELL API NUMBER	30-015-39172
5. Indicate Type of Lease	S
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	MCCOY STATE
8. Well Number	014
9. OGRID Number	229137
10. Pool name or Wildcat	
11. Elevation (Show whether DR, KB, BT, GR, etc.)	3638 GR

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 D : 330 feet from the N line and 990 feet from the W line
Section 8 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3638 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
Other:		Other: Drilling/Cement	<input checked="" type="checkbox"/>

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.

7/27/11 Spud 17-1/2 @ 7:30PM.
7/28/11 TD 17-1/2 @ 350. Ran 8jts 13-3/8 H40 48# @ 350. Cmt w/300sx H, 250sx C, 400sx C. PD @ 5:45PM. Ran temp survey. RIH w/1" pump 375sx in 7stgs. Circ 20sx. WOC 18hrs. Test csg to 1000# for 30 min. ok.
7/30/11 TD 11 @ 867. Ran 20jts 8-5/8 J55 24# @ 867. Cmt w/200sx C. lead, 200sx C. tail. PD @ 10AM. Circ 47sx. WOC 18hrs. Test csg to 1000# for 30 min, ok. 8/4/11 TD 7-7/8 @ 5433. 8/5/11 Ran 124jts 5-1/2 J55 17# @ 5422. Cmt w/600sx C. lead, 400sx C. tail. Circ 196sx. WOC 24hrs. 8/6/11 RR. Will test csg to 3500# for 30 min on completion rig.
7/27/2011 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
07/28/11	Surf		17.5	13.375	48	H40	0	350	950		C				Y
07/30/11	Int1		11	8.625	24	J55	0	867	400		C				Y
08/05/11	Prod		7.875	5.5	17	J55	0	5422	1000		C				Y

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 8/10/2011
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 8/11/2011 11:01:14 AM