

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 141031

WELL API NUMBER 30-015-39263
5. Indicate Type of Lease S
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name HEARSE 36 STATE
8. Well Number 003H
9. OGRID Number 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 N : 330 feet from the S line and 2260 feet from the W line
 Section 36 Township 19S Range 25E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3417 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.

11/15/11 Spud 12-1/4 @ 1PM. 11/16/11 TD 12-1/4 @ 856.
 11/17/11 Ran 19jts 9-5/8 J55 36# @ 856. Cmt w/300sx thickset, 250sx C., 425sx C, 200sx C. 11/18/11 PD @ 6AM. No circ. Ran temp survey, TOC @ 350. Pump 75sx. Circ 21sx. WOC 18hrs. Test csg to 1000# for 30min,ok.
 11/20/11 TD 8-3/4 @ 2275. KOP 2275. 11/23/11 TD 8-3/4 curve section @ 3127.
 11/28/11 TD 7-7/8 @ 7204MD 2775TVD. 12/1/11 Ran 157jts 5-1/2 17# L80 @ 7070. Cmt w/330sx C. lead, 150sx C. tail. 12/2/11 PD @ 12:30AM. Circ 189sx. RR.
 11/15/2011 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
11/17/11	Surf		12.25	9.825	36	J55	350	856	1175		C				Y
12/01/11	Prod		7.875	5.5	17	L80	0	7070	480		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 12/6/2011
 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 12/6/2011 2:18:45 PM