

**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 141069

|   |
|---|
| WELL API NUMBER<br>30-015-38369                           |
| 5. Indicate Type of Lease<br>S                            |
| 6. State Oil & Gas Lease No.                              |
| 7. Lease Name or Unit Agreement Name<br>CONTINENTAL STATE |
| 8. Well Number<br>007                                     |
| 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 C : 990 feet from the N line and 1650 feet from the W line  
 Section 15 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)  
3562 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

|  |  |
|--|--|
| <b>NOTICE OF INTENTION TO:</b>   | <b>SUBSEQUENT REPORT OF:</b>   |
| 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: Spud <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.

11/25/2011 Spudded well.  
 11/25/11 Spud 17.5" hole @ 6:30PM.

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 12/8/2011