

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 144964

WELL API NUMBER 30-015-37765
5. Indicate Type of Lease S
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name HATFIELD STATE
8. Well Number 002
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 : 990 feet from the S line and 2310 feet from the W line
 Section 8 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3621 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.

2/17/12 Spud 17-1/2 @ 9:30PM. 2/18/12 TD 17-1/2 @ 352. Ran 8jts 13-3/8 H40 48# @ 352. Cmt w/50sx C. 300sx H. 250sx C. 400sx C. PD @ 1:45PM. Circ 165sx. WOC 18hrs. Test csg to 1200# for 30min ok.

2/19/12 TD 11 @ 866. Ran 21jts 8-5/8 J55 24# @ 866. Cmt w/200sx C. + add. lead, 200sx C. + add. tail. PD @ 8PM. Circ 92sx. WOC 18hrs. Test csg to 1550# for 30 min, ok.

2/22/12 TD 7-7/8 @ 5474. 2/23/12 Ran 124jts 5-1/2 J55 17# @ 5460. Cmt w/500sx C.+add lead, 400sx C.+add tail. PD @ 4PM. Circ 155sx. WOC 24hrs. RR. Will test csg to 3500# for 30 min on completion rig.

2/17/2012 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
02/18/12	Surf		17.5	13.375	48	H40	0	352	1000		C				Y
02/19/12	Int1		11	8.625	24	J55	0	866	400		C				Y
02/23/12	Prod		7.875	5.5	17	J55	0	5460	900		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 2/28/2012 _____
 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 2/29/2012 8:29:11 AM _____