

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 148946

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: G		WELL API NUMBER 30-015-39861
		5. Indicate Type of Lease F
2. Name of Operator COG PRODUCTION, LLC		6. State Oil & Gas Lease No.
		7. Lease Name or Unit Agreement Name DIAMONDBACK 22 STATE COM
3. Address of Operator 550 W. Texas Avenue Suite 100, Midland, TX 79701		8. Well Number 003H
		9. OGRID Number 217955
4. Well Location Unit Letter <u>A</u> : <u>550</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>E</u> line Section <u>22</u> Township <u>26S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		10. Pool name or Wildcat
11. Elevation (Show whether DR., KB, BT, GR, etc.) 2982 GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> 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.
 5/12/12 TD 17 1/2" hole @ 385'. Set 13 3/8" 48# J-55 csg @ 375'. Cmt w/350 sx Class C. Circ 55 sx to surface. WOC 18 hrs. Test csg to 1500# for 30 mins.

5/16/12 TD 12 1/4" hole @ 2442'. Set 9 5/8" 36# J-55 csg @ 2442'. Cmt w/700 sx Class C. Tailed in w/250 sx. Circ 218 sx to surface. WOC 18 hrs. Test csg to 1500# for 30 mins. 5/11/2012 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
05/12/12	Surf		17.5	13.375	48	J55	0	375	350		C		1500	0	
05/16/12	Int1		12.25	9.625	36	J-55	0	2442	950		C		1500	0	

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 DIANE KUYKENDALL TITLE Production Reporting Manager DATE 5/25/2012
 Type or print name KUYKENDALL E-mail address dkuykendall@concho.com Telephone No. 432-685-4372

For State Use Only:
 APPROVED BY: Randy Dade TITLE District Supervisor DATE 5/25/2012 3:29:10 PM