

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 161491

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-015-40254
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator One Concho Center, 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name BR-549 STATE
4. Well Location Unit Letter <u>D</u> : <u>205</u> feet from the <u>N</u> line and <u>180</u> feet from the <u>W</u> line Section <u>27</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		8. Well Number 005
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3545 GR		9. OGRID Number 229137
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 _____		10. Pool name or Wildcat

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.

1/2/13 Spud 17-1/2 @ 6PM.
 1/3/13 TD 17-1/2 @ 333. Ran 8jts 13-3/8 H40 48# @ 333. Cmt w/400sx C. PD @ 7:29AM. Circ 209sx. WOC 18hrs. Test csg to 1200# for 30min ok.
 1/4/13 TD 11 @ 850. Ran 20jts 8-5/8 J55 24# @ 850.
 1/5/13 Cmt w/200sx C. lead, 200sx C. tail. PD @ 3:35AM. Circ 117sx. WOC 18hrs. Test csg to 1500# for 30min, ok.
 1/11/13 TD 7-7/8 @ 5548. 1/12/13 Ran 126jts 5-1/2 J55 17# @ 5548. Cmt w/500sx C. lead, 400sx C. tail. PD @ 10:25PM. Circ 197sx. WOC 24hrs.
 1/13/13 RR. Will test csg to 3500# for 30 min on completion rig.
 1/2/2013 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
01/03/13	Surf		17.5	13.375	48	H40	0	333	400		C				Y
01/04/13	Int1		11	8.625	24	J55	0	850	400		C				Y
01/12/13	Prod		7.875	5.5	17	J55	0	5548	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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Production Reporting Mgr DATE 1/28/2013
 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 1/29/2013 9:22:18 AM