

**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 167760

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 30-025-40845
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG PRODUCTION, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name EATA FAJITA & STATE SWD
4. Well Location Unit Letter <u>F</u> : <u>2310</u> feet from the <u>N</u> line and <u>2310</u> feet from the <u>W</u> line Section <u>8</u> Township <u>24S</u> Range <u>33E</u> NMPM <u>Lea</u> County		8. Well Number 001
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3611 GR		9. OGRID Number 217955
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

<b>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</b>	
<b>NOTICE OF INTENTION TO:</b> 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:	<b>SUBSEQUENT REPORT OF:</b> 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: <b>Drilling/Cement</b> <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.  
 5/17/13 TD 12 1/4" hole @ 5433'. Set 9 5/8" 40# J-55 csg @ 5429'. Set DVT @ 4920'. Cmt Stage 1 w/250 sx Class C. Circ 122 sx off DVT. Cmt Stage 2 w/1300 sx Class C. Tailed in w/100 sx. Circ 253 sx to surface. WOC 18 hrs. Test csg to 1500#.

5/20/13 TD 8 3/4" hole @ 7490'. Open hole 5429-7490'.

5/21/13 Released rig.

5/9/2013 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
05/10/13	Surf		17.5	13.375	54.5	J55	0	1258	925		C		1000	0	
05/18/13	Int1		12.25	9.625	40	J55	0	5429	1650		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 5/28/2013

Type or print name KUYKENDALL E-mail address dkuykendall@concho.com Telephone No. 432-685-4372

**For State Use Only:**

APPROVED BY: Paul Kautz TITLE Geologist DATE 5/28/2013 1:20:59 PM