<u>District I</u> 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

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

8

190

Pit or Below-grade Tank Application or Closure

Township

feet from the

District IV

PROPOSALS.)

1. Type of Well:O

2. Name of Operator

3. Address of Operator

4. Well Location Unit Letter M

Energy, Minerals and Natural

Oil Conservation Division

Form C-103 State of New Mexico August 1, 2011 Permit 168209 Resources WELL API NUMBER 30-025-40582 5. Indicate Type of Lease 1220 S. St Francis Dr. S Santa Fe, NM 87505 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO EATA FAJITA STATE A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number 001H 9. OGRID Number COG PRODUCTION, LLC 217955 10. Pool name or Wildcat 600 W. Illinois Ave, Midland, TX 79701 S line and 660 feet from the 1ine 24S Range 33E NMPM Lea County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3628 GR Pit Type ______ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water_

Pit Liner Thickness:	mil	Below-Grade Tank: Vo	lume_	bbls; Construction M	aterial.		
12. Ch	eck A	ppropriate Box to In	idicat	e Nature of Notice, Report o	r Ot	her Data	
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WO	RK 🗌	PLUG AND ABANDO	N□	REMEDIAL WORK		ALTER CASING	
TEMPORARILY ABANDON		CHANGE OF PLANS		COMMENCE DRILLING OPNS.		PLUG AND ABANDON	
PULL OR ALTER CASING		MULTIPLE COMPL		CASING/CEMENT JOB			
Other:				Other: Spud			×

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.

5/25/2013 Spudded well.

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 \square , a general permit \square or an (attached) alternative OCD-approved plan \square . SIGNATURE Electronically Signed TITLE Production Reporting Manager DATE 6/5/2013 DIANE Type or print name KUYKENDALL E-mail address dkuykendall@concho.com Telephone No. 432-685-4372 For State Use Only: APPROVED BY: ELIDIO GONZALES TITLE HOBBS STAFF MANAGER DATE 6/5/2013