

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-8181 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) 478-3470 Fax:(505) 478-3482

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 204185

WELL API NUMBER
30-015-39586

5. Indicate Type of Lease
P

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
LEE 3 FEE

1. Type of Well:
O

8. Well Number
001H

2. Name of Operator
COG OPERATING LLC

9. OGRID Number
229137

3. Address of Operator
One Concho Center, 600 W. Illinois Ave, Midland, TX 79701

10. Pool name or Wildcat

4. Well Location
Unit Letter M : 330 feet from the S line and feet 380 from the W line
Section 3 Township 19S Range 26E NMPM _____ County Eddy

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3344 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
Other: _____		Other: <u>Drilling/Cement</u>	<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.
4/29/15 Spud 11 @ 8PM. 4/30/15 TD 11 @ 1205. Ran 31jts 8-5/8 J55 32# @ 1205. Cmt w/1300sx C. Run Temp. Surv. TOC @ 150'. RIH w/1" pipe, cmt w/179sx C. Circ 15sx. WOC 18hrs. Test csg to 1500# for 30 min, ok.
5/3/15 TD 7-7/8 vert. KOP @ 2805. 5/4/15 TD curve @ 3536. 5/8/15 TD 7-7/8 @ 7500MD 3147TVD. Ran 170jts 5-1/2 17# L80 @ 7500. 5/9/15 Cmt 300sx C. +adds. lead, 800sx C. +adds tail. PD @ 9:41AM. Circ 120sx.
RR.4/29/2015 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
04/30/15	Surf		11	8.625	32	J55	150	1205	1479		C		1500	0	Y
05/09/15	Prod		7.875	5.5	17	L80	0	7500	1100		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 Regulatory Analyst DATE 5/13/2015
Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. _____

For State Use Only:
APPROVED BY: Randy Dade TITLE District Supervisor DATE 5/14/2015 7:43:47 AM

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Comments

Permit 204185

DRILLING COMMENTS

Operator: COG OPERATING LLC One Concho Center Midland, TX 79701	OGRID: 229137
	Permit Number: 204185
	Permit Type: Drilling

Comments

Created By	Comment	Comment Date
There are no Comments for this Permit		