Submit I Copy To Appropriate District Office State of New Mexic	o Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural	Resources Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 CD <u>District II</u> – (575) 748-1283 HOBBS OII CONSERVATION DI	WELL API NO.
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DI	VISION 30-025-40945 5. Indicate Type of Lease
District III – (505) 334-6178 1220 South St. Francis	Dr. STATE STATE FEE
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec NA/87419 2014 District IV – (505) 476-3460 Santa Fe, NM 8750:	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	o. State on & Gas Bease No.
87505 SUNDRE 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 B DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR ST	ACK TO A Corazon State Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number
COG Operating LLC	9. OGRID Number 229137
3. Address of Operator	10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210	WC G-08 S213304D; Bone Spring
4. Well Location	
Unit Letter O: 100 feet from the South line and 1980 feet from the East line	
Section 3 Township 21S Range	
11. Elevation (Show whether DR, RK	
3820' GR	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE OTHER: OTHER: Completion Operations CASING/CEMENT JOB OTHER: Completion or recompletion. 3/5/14 to 3/8/14 MIRU. Load & test annulus to 1500# for 15 mins. Test good. Drilled out FC, shoe & new formation. New TD is 18650'. Circulate clean. 3/12/14 to 3/23/14 Perforate Bone Spring 11741-18525' (648). Acdz w/116240 gal 7 1/2% acid. Frac w/5409478# sand & 3785418 gal fluid.	
4/1/14 to 4/2/14 Drilled out CFP's.	
4/3/14 to 4/4/14 Set 2 7/8" 6.5# L-80 tbg @ 10986' & pkr @ 10969'.	
4/6/14 Began flowing back & testing.	
Spud Date: 1/25/14 Rig Release Date:	3/1/14
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE: Regulatory Analyst DATE: 5/16/14	
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946	
For State Use Only	
APPROVED BY: TITLE DATE OG/FF/14 Conditions of Approval (if any):	