Submit 1 Copy To Appropriate District	State of New Mexico			Form C-103	
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Resources	Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 District 11 – (575) 748-1283				WELL API NO. 30-025-41987	
$\frac{1}{1}$ 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of I	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE	FEE
District IV - (505) 476-3460	Santa Fe, NM 87505			6. State Oil & Gas L	ease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or U	nit Agreement Name
(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				Super Cobra State Com	
ROPOSALS.)			OCD	8. Well Number 1H	
2. Name of Operator	FEB 1 8 2015		B 2015	9. OGRID Number 229137	
COG Operating LLC 3. Address of Operator		FEB *		10. Pool name or Wildcat	
2208 W. Main Street, Artesia, NM 88210		- ENTED		Scharb; Bone Spring	
4. Well Location			Contraction of the second s		
Unit Letter P:190 feet from the South line and660 feet from theEast line					
					Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.					
		3878' GR			۵. ۲۰۰۶ (موانع ۲۰۰۶ (م
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A         DOWNHOLE COMMINGLE       COMPL       CHER:       Completion Operations       MILTIPLE COMPL         OTHER:       OTHER:       OTHER:       Completion Operations       MILTIPLE COMPL         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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         12/23/14 to 12/29/14 Test backside to 1500#. Test good. Ran CBL. TOC @ 1026'. Set CBP @ 15240'. Test csg to 8509#.         Perforate 15190-15200' (60). Perform injection test.         1/12/15 to 1/14/15 Perforate Bone Spring 10962-15140' (396). Acdz w/62867 gal 7 ½% acid. Frac w/3318117# sand & 3318117 gal fluid.         1/17/15 Drill out frac plugs & clean down to CBP.         1/20/15 Set 2 7/8'' tbg & pkr & began flowing back & testing.         2/10/15 Set 2 7/8'' bsg & L-80 tbg @ 10356' & place well on pump.					
Spud Date: 11/4/1	4 Rig R	elease Date:		12/8/14	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE	ainsTITL	.E: <u>Regul</u>	atory Analyst	DA1	ГЕ:
Type or print name: <u>Stormi Da</u>	uvis E-ma	ail address:	sdavis@conchc	o.com PHO	ONE: (575) 748-6946
For State Use Only					
APPROVED BY: Conditions of Approval (if any):	тт	LEPetrole	um Engineer	DATE	02/20/19

FEB 2 4 2015