Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources			Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	25 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-42489	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type o	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE	
District IV – (505) 476-3460	Santa Fe, NM 87505			6. State Oil & Gas	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				Macho Nacho State Com /	
1. Type of Well: Oil Well Gas Well Other			S OCD	8. Well Number 7H	
2. Name of Operator COG Production LLC	/	-0	<u>n 2</u> 2015	9. OGRID Numbe	er 217955
3. Address of Operator		SEV	nu M	10. Pool name or	
2208 W. Main Street, Artesia,	NM 88210		-NET	Triple X; B	Bone Spring, West
4. Well Location		,	SECEMEN		
Unit Letter O:	190 feet from the	South	line and2	255 feet from t	he <u>East</u> line /
Section 7 Township 24S Range 33E NMPM Lea County					
	11. Elevation (Show whe		3, RT, GR, etc.)		50
3572' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
				SEQUENT REF	PORT OF:
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK					ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A					P AND A
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT DOWNHOLE COMMINGLE				I JOB	
CLOSED-LOOP SYSTEM					
OTHER:		ОТ	HER: C	ompletion Operati	ons 🛛
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.					
6/10/15 MIRU. Test annulus to 1000#. Good test. Ran CBL. TOC @ 1200'. Set CBP @ 14100'. Test csg to 8518#. Good test. Perforate Bone Spring 14050-14060' (60). Pump injection test.					
<b>7/6/15 to 7/16/15</b> Perforate Bone Spring 9587-14000' (1044). Acdz w/92828 gal 7 1/2% acid. Frac w/7243833# sand & 7971076 gal fluid. SWI to frac #6H well.					
8/2/15 Began flowing back & testing.					
8/19/15 to 8/21/15 Drilled all frac plugs. Cleaned out to CBP @ 14100'.					
8/26/15 Set 2 7/8" 6.5# L-80 tbg @ 8810' & pkr @ 8800'. Installed gas-lift system.					
					$\neg$
Spud Date: 5/1/15	Rig Re	elease Date:		5/17/15	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE TITLE: Regulatory Analyst DATE: 8/31/15					
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946					
For State Use Only					
APPROVED BY: Conditions of Approval (if any):	TITIL	.e <u>Petrole</u>	um Enginee	DAT	TE 09/08/15