

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-42147 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Pearl 36 State Com ✓
8. Well Number 5H ✓
9. OGRID Number 229137
10. Pool name or Wildcat Lea; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3734' GR

**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.)

1. Type of Well: Oil Well  Gas Well  Other  **HOBBS OCD**

2. Name of Operator  
COG Operating LLC ✓ **MAR 02 2016**

3. Address of Operator  
2208 W. Main Street, Artesia, NM 88210 **RECEIVED**

4. Well Location  
 Unit Letter N : 170 feet from the South line and 1770 feet from the West line ✓  
 Section 25 Township 19S Range 34E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion Operations <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/7/16 MIRU. Set CBP @ 15280'. Test csg to 8186# for 30 mins. Good test. Perf 15230-15240' (60). Pump injection test.  
 2/9/16 to 2/14/16 Perf Bone Spring 11156-15178' (756). Acdz w/66276 gal 7 1/2% acid. Frac w/6513505# sand & 6807450 gal fluid.  
 2/15/16 to 2/16/16 Drilled out CFP's.  
 2/17/16 to 2/19/16 Set 2 7/8" 6.5# L-80 tbg @ 10518' & pkr @ 10500'. Installed gas-lift valves.  
 2/20/16 Began flowing back & testing.

Spud Date: 12/4/15 Rig Release Date: 12/29/15

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Stormi Davis* TITLE: Regulatory Analyst DATE: 2/24/16  
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

**For State Use Only**

APPROVED BY: *[Signature]* TITLE: Petroleum Engineer DATE: 04/12/16  
 Conditions of Approval (if any):

APR 14 2016 *[Signature]*