

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

District II
1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 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) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
Permit 119926

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-015-37770
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator 550 W TEXAS, SUITE 1300, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name HATFIELD STATE
4. Well Location Unit Letter <u>L</u> : <u>2310</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>W</u> line Section <u>8</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		8. Well Number 009
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3644 GR.		9. OGRID Number 229137
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 _____		10. Pool name or Wildcat

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
 CASING/CEMENT JOB ☐
 Other: **Drilling/Cement** ☒

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.
 8/21/10 Spud 17-1/2 @ 7:15pm. 8/22/10 TD 17-1/2 @ 331. Ran 8jts 13-3/8 H40 48# @ 331. Cmt w/400sx C. PD@7:30am. Circ 109sx. WOC 18hrs. Test csg to 1000# for 30min,ok. 8/23/10 TD 12-1/4 @ 910. Ran 20jts 9-5/8 J55 40# @ 910. Cmt w/400sx C lead, 200sx C tail. PD@8:44pm. Circ 229sx. WOC 18hrs. Test csg to 1000# for 30min,ok. 8/29/10 TD 8-3/4@3990. 8/30/10 Ran 95jts 7 L80 29#@3985. Cmt w/500sx C lead, 200sx C tail. PD@10:00am. Circ 116sx. WOC 18hrs. Test csg to 1000# for 30min,ok. 9/3/10 TD 6-1/8@5817. Ran 81jts 4-1/2 L80 13.5#@5720. Test csg to 5000# for 30min on completion rig.RR.KOP@3710.EOCurve@4374. 8/21/2010 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
08/22/10	Surf		17.5	13.375	48	H40	0	331	400		C				Y
08/23/10	Int1		12.25	9.625	40	J55	0	910	600		C				Y
08/29/10	Int2		8.75	7	29	L80	0	3985	700		C				Y
09/03/10	Prod		6.125	4.5	13.5	L80	0	5720	0						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 9/9/2010

Type or print name Diane Kuykendall

E-mail address dkuykendall@conchoresources.com

Telephone No. 432-683-7443

For State Use Only:

APPROVED BY: Randy Dade

TITLE District Supervisor

DATE 9/13/2010 7:51:18 AM