

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 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
August 1, 2011
Permit 137823

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 30-015-39297
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 MAPLE STATE
4. Well Location Unit Letter <u>1</u> : <u>440</u> feet from the <u>N</u> line and <u>330</u> feet from the <u>W</u> line Section <u>30</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number 003
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3526 GR		9. OGRID Number 229137
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat
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 _____		

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.
9/8/11 Spud 17-1/2 @ 10PM.
9/9/11 TD 17-1/2 @ 250. Ran 6jts 13-3/8 H40 48# @ 250. Cmt w/400sx C. PD @ 1:02PM. Circ 204sx. WOC 18hrs. Test csg to 1000# for 30 min. ok.
9/10/11 TD 11 @ 854. Ran 20jts 8-5/8 J55 24# @ 854. Cmt w/200sx C. lead, 200sx C. tail. 9/11/11 PD @ 2:15AM. Circ 155sx. WOC 18hrs. Test csg to 1250# for 30 min. ok.
9/15/11 TD 7-7/8 @ 4859.
9/16/11 Ran 122jts 5-1/2 J55 17# @ 4859. Cmt w/500sx C. lead, 400sx C. tail. PD @ 2:52PM. Circ 174sx. WOC 24hrs.
9/17/11 RR. Will test csg to 3500# for 30 min on completion rig.
9/8/2011 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
09/09/11	Surf		17.5	13.375	48	H40	0	250	400		C				Y
09/10/11	Int1		11	8.625	24	J55	0	854	400		C				Y
09/16/11	Prod		7.875	5.5	17	J55	0	4859	900		C				

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 Production Reporting Mgr _____ DATE 9/23/2011 _____
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 9/26/2011 1:25:54 PM _____