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 157642

WELL API NUMBER	30-015-40717
5. Indicate Type of Lease	P
6. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: S	7. Lease Name or Unit Agreement Name: LAKEWOOD SWD
	8. Well Number: 001
2. Name of Operator: COG OPERATING LLC	9. OGRID Number: 229137
3. Address of Operator: One Concho Center, 600 W. Illinois Ave, Midland, TX 79701	10. Pool name or Wildcat

4. Well Location
Unit Letter B : 1220 feet from the N line and 2490 feet from the E line
Section 8 Township 19S Range 26E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3353 GR

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_____

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 ☐	REMEDIAL WORK ☐	ALTER CASING ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
Other:		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.

10/10/12 Spud 12-1/4 @ 6AM.
10/11/12 TD 12-1/4 @ 1229. Ran 28jts 9-5/8 J55 40# @ 1229.
Cmt w/550sx C. +add lead, 200sx C. +add tail. PD @ 9:35PM. Circ 138sx. WOC 18hrs. Test csg to 1500# for 30min, ok.
10/23/12 TD 8-3/4 @ 8434.
10/25/12 Ran 186jts 7 L80 26# @ 8434. DVT @ 6868. Cmt w/450sx H. PD @ 7:40PM. Circ 162sx. Cmt stg2 w/600sx C. +add lead, 400sx C. +add tail.
10/26/12 Circ 234sx to surface. PD @ 2:10AM. WOC 24hrs. RR. Will test csg to 5000# for 30 min on completion rig.**10/10/2012** 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
10/11/12	Surf		12.25	9.625	40	J55	0	1229	750		C				Y
10/25/12	Prod		8.75	7	26	L80	0	8434	1450		C				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 Production Reporting Mgr DATE 11/8/2012

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 11/9/2012 7:31:16 AM