Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Willerars and Natural Resources	WELL API NO.
<u>District II</u> 1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-38295
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease  STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
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		Birdseye 32 State
PROPOSALS)		8. Well Number
Type of Well: Oil Well		9. OGRID Number
COG Operating LLC		229137
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		10. Pool name or Wildcat Gatuna Canyon; Bone Spring
4. Well Location		
Unit Letter O	330 feet from the South line and	2260 feet from the East line
Section 32	Township 19S Range 31E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
3462'		
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 ARANDA ALTERING CASING		
TEMPORARILY ABANDON		
DOWNHOLE COMMINGLE	MOETH EE COMPE	
OTHER: OTHER: Ran tubing		
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.		
compression of recompression.		
		DEOF
6/23/11 to 6/24/11 Set 2 7/8" 6.5# J-55 tbg @ 8595'.		RECEIVED
		JUN 2 9 2011
0011 20 2011		2 0 2011
		NMOCD ARTESIA
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Spud Date: 1/27/	Rig Release Date:	3/24/11
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE: Regulatory Analyst DATE: 6/28/11		
Type or print name: Stormi Davis E-mail address: sdavis@conchoresources.com PHONE: (575) 748-6946		
For State Use Only		
APPROVED BY:	Way TITLE FIELD SUPER	VICOC DATE 7-15-11
Conditions of Approval (if any):	<b>)</b>	