

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

Form C-103

Revised August 1, 2011

RECEIVED
AUG 12 2013
MOOD ARTESIA

WELL API NO. 30-015-39716
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Patton 5 Fee
8. Well Number 6H
9. OGRID Number 229137
10. Pool name or Wildcat Atoka; Glorieta-Yeso 3250

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

2. Name of Operator
COG Operating, LLC

3. Address of Operator
**One Concho Center
600 W. Illinois Ave.
Midland, TX 79701**

4. Well Location
 Unit Letter **L** : **1639** feet from the **South** line and **200** feet from the **West** line
 Section **5** Township **19S** Range **26E** NMPM **Eddy** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3364'

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: Completion <input checked="" type="checkbox"/></p>
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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.

- 01/23/13 Test frac valve to 8000psi.
- 01/24/13 Set plug @ 7330. Perf @ 6930 - 7300 w/2 SPF, 36 holes. Acidize w/3,063 gals 15% HCL.
- 01/29/13 Frac w/254,752 gals gel, 3,031 gals slickwater, 105,616# 16/30 brown sand, 45,797# 16/30 CRC, 11,351# 100 Mesh.
Set plug @ 6820. Perf @ 6300 - 6722 w/2 SPF, 36 holes. Acidize w/6,132 gals 15% HCL.
Frac w/244,179 gals gel, 18,081 gals slickwater, 103,447# 16/30 brown sand, 46,952# CRC, 12,932# 100 Mesh.
Set plug @ 6200. Perf @ 5670 - 6090 w/2 SPF, 36 holes. Acidize w/6,063 gals 15% HCL.
Frac w/243,223 gals gel, 16,067 gals slickwater, 105,274# 16/30 brown sand, 44,800# 16/30 CRC, 12,927# 100 Mesh.
Set plug @ 5565. Perf @ 5040 - 5460 w/2 SPF, 36 holes. Acidize w/6,007 gals 15% HCL.
Frac w/244,093 gals gel, 14,452 gals slickwater, 106,653# 16/30 brown sand, 41,858# 16/30 CRC, 13,473# 100 Mesh.
Set plug @ 4935. Perf @ 4410 - 4830 w/2 SPF, 36 holes. Acidize w/5,993 gals 15% HCL.
Frac w/247,430 gals gel, 17,588 gals slickwater, 101,724# 16/30 brown sand, 45,860# 16/30 CRC, 13,293# 100 Mesh.
Set plug @ 4305. Perf @ 3780 - 4200 w/2 SPF, 36 holes. Acidize w/6,082 gals 15% HCL.
Frac w/245,160 gals gel, 12,420 gals slickwater, 105,683# 16/30 brown sand, 39,200# 16/30 CRC, 13,189# 100 Mesh.
Set plug @ 3665. Perf @ 3150 - 3570 w/2 SPF, 36 holes. Acidize w/4489 gals 15% HCL.
Frac w/245,249 gals gel, 11,495 gals slickwater, 95,294# 16/30 brown sand, 48,486# 16/30 CRC, 12,804# 100 Mesh.
- 2/13/13 Drill out plugs. Clean out to PBD 7348.
- 2/19/13 RIH w/73jts 2-7/8" J55 6.5# tbg, ESP @ 2252. Hang well on.

Spud Date:

Rig Release Date:

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

SIGNATURE *Chasity Jackson* TITLE Regulatory Analyst DATE 8/5/13

Type or print name Chasity Jackson E-mail address: cjackson@concho.com PHONE: 432-686-3087

For State Use Only

APPROVED BY: *R Dade* TITLE Dist. Reg. Supervisor DATE 8/19/13

Conditions of Approval (if any):

JD