

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr , Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
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
May 27, 2004

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| 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | WELL API NO. 30-015-35242 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> State Oil & Gas Lease No. |
| 2. Name of Operator COG Operating LLC | 7. Lease Name or Unit Agreement Name State S-19 | |
| 3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701 | 8. Well Number 31 | |
| Well Location Unit Letter <u>L</u> : <u>1650'</u> feet from the <u>South</u> line and <u>330'</u> feet from the <u>West</u> line Section <u>19</u> Township <u>17S</u> Range <u>29E</u> NMPM County <u>Eddy</u> | 9. OGRID Number 229137 | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3670' | 10. Pool name or Wildcat Empire; Yeso 96210 | |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> | | |
| 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

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| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/> | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Addition of Perfs <input type="checkbox"/> |
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07-05-07 Perf. @ 3784'-4068', 1 SPF, 33 holes.
07-06-07 Acidize w/2500 Gal acid.
07-07-07 Frac w/5989 gal Linear gel; 2042 sand laden gel; 3582 gal flush; 8022# LiteProp 125, 14/30, 72, 134 # 16/30 white sand; 18,377# SiberProp 16/30.
07-09-07 RIH w/160 jts 2 7/8" tbg, SN @5082. RIH w/2 1/2x2x16' pump. Hang well on.

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 Carol Ann Lance TITLE Regulatory Analyst DATE 07/17/2007

Type or print name Carol Ann Lance E-mail address: clance@conchoresources.com Telephone No. 432-685-4395
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APPROVED BY: Accepted for record - NMOCD TITLE _____ DATE 7/24/07
Conditions of Approval (if any):