

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

Form C-103
May 27, 2004

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

WELL API NO. 30-015-35651
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name G J West Coop Unit
8. Well Number 161
9. OGRID Number 229137
10. Pool name or Wildcat 97558 GJ; TRVS-QN-GB-Glorieta-Yeso

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	
2. Name of Operator COG Operating LLC	
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701	
Well Location Unit Letter <u>J</u> : <u>2310</u> feet from the <u>South</u> line and <u>650</u> feet from the <u>East</u> line Section <u>16</u> Township <u>17S</u> Range <u>29E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3568' GR	
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

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

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.

11-26-07 MIRU. POH w/ pmp, rods & tbq. Perf @ 3968'-4228', 2 SPF 60 holes.
11-27-07 RIH w/ Packer set @ 3876' & RBP set @ 4305'. Acidize w/2175 gals. 15% HCL.
11-29-07 Frac w/57,268 gals 40# linear gel; 30,702 gals 30# linear gel; 600# Scalesorb-3, 8398# LiteProp 125 14/30; 70,768# 16/30 white sand; 13,866# SiberProp 16/30 resin coated sand; 3902 gals laden fluid.
11-30-07 Release Pkr. & RBP, POOH. RIH w/167 jts 2 7/8" tbq, SN @ 5301'. RIH w/2 1/2x2x20' RHTC pump & rods. 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 12/28/2007

Type or print name Carol Ann Lance E-mail address: clance@conchoresources.com Telephone No. 432-685-4395
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any):

Accepted for record - NMOCD

1/2/09