

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. <b>30-015-35724</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>G J West Coop Unit</b>
8. Well Number <b>173</b>
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>97558</b> <b>GJ; 7RVS-QN-GB-GLORIETA-YESO</b>

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"/>	<b>MAR 05 2008</b>
2. Name of Operator <b>COG Operating LLC</b>	<b>OCD-ARTESIA</b>
3. Address of Operator <b>550 W. Texas Ave., Suite 1300</b>	<b>Midland, TX 79701</b>
4. Well Location Unit Letter <b>J</b> : <b>2310</b> feet from the <b>South</b> line and <b>1500</b> feet from the <b>East</b> line Section <b>21</b> Township <b>17S</b> Range <b>29E</b> NMPM County <b>EDDY</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3580' GR</b>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>	
Pit type <b>DRILLING</b> Depth to Groundwater <b>110'</b> Distance from nearest fresh water well <b>1000'</b> Distance from nearest surface water <b>1000'</b>	
Pit Liner Thickness: <b>12 mil</b> Below-Grade Tank: Volume <b>bbls</b> Construction Material <b></b>	

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: Completion <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.

01/02/08 Perforate w/ 2 SPF @ 5140 - 5340, 48 holes.  
Acidize w/ 2,500 gals acid. Frac w/ 78,246 gals gel, 14,856# SiberProp, 76,789# 16/30 sand.  
Set comp plug @ 5110. Perforate w/ 2 SPF @ 4870 - 5070, 36 holes.  
Acidize w/ 2,500 gals acid. Frac w/ 64,281 gals gel, 14,887# SiberProp, 74,836# 16/30 sand.  
01/03/08 Set comp plug @ 4850. Perforate w/ 2 SPF @ 4590 - 4790, 36 holes.  
Acidize w/ 5,000 gals acid. Frac w/ 66,298 gals gel, 85,699# 16/30 sand.  
01/09/08 Drill out plug @ 4854.  
01/10/08 Drill out plug @ 5110.  
01/12/08 RIH w/167 jts. 2 7/8" J-55 tbg., SN @ 5347'.RIH w/ 2 1/2" x 2" x 20' RHTC 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 K. Carrillo TITLE Regulatory Analyst DATE 02/29/08

Type or print name **Kanicia Carrillo** E-mail address: **kcarrillo@conchoresources.com** Telephone No. **432-685-4332**

For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE Accepted for record  
Conditions of Approval (if any): \_\_\_\_\_ NMOCD DATE \_\_\_\_\_