

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

MAR 18 2009

Form C-103

May 27, 2004

RM

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. 30-015-36480
2. Name of Operator COG Operating LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701		6. State Oil & Gas Lease No.
4. Well Location Unit Letter G : 2160 feet from the North line and 2310 feet from the East line Section 24 Township 17S Range 28E NMPM County EDDY		7. Lease Name or Unit Agreement Name Kool Aid State
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3697' GR		8. Well Number 3
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>		9. OGRID Number 229137
Pit type DRILLING Depth to Groundwater 110' Distance from nearest fresh water well 1000' Distance from nearest surface water 1000		10. Pool name or Wildcat 96210 EMPIRE; GLORIETA-YESO
Pit Liner Thickness: 12 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: 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"/> <input checked="" type="checkbox"/> OTHER: Completion
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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.

03/02/09 PBDT 5289 Perf @ 4870-5070, w/ 2 SPF, 48 holes. Acidize w/ 2500 gals acid. Frac w/ 115,495 gal Slvr Stm gel, 143,285# White, & 36,640# CRC. CBP @ 4840. Perf @ 4590-4790, w/ 2 SPF, 36 holes Acidize w/ 2500 gals acid. Frac w/ 112,168 gal Slvr Stm gel, 132,583# White, & 34,283# CRC. CBP @ 4540. Perf @ 4280 - 4480 w/ 2 SPF, 36 holes. Acidize w/ 2500 gals acid. Frac w/ 111,450 gal Slvr Stm gel, 140,141# White, & 33,172# CRC.
03/05/09 Drill out plugs @ 4540 & 4840. PBDT 5289.
03/06/09 TIH w/ 162 jts 2-7/8" J55 tbg, SN @ 5060'.
03/07/09 RIH w/ rods & pump. Turn to production.

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 C Jackson TITLE Agent for COG DATE 03-16-09

Type or print name **Chasity Jackson** E-mail address: **cjackson@conchoresources.com** Telephone No. **432-685-4332**

For State Use Only

APPROVED BY: Acqui R TITLE Geologist DATE 3/19/09
Conditions of Approval (if any):