

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. 30-015-37756
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 Lemonade State
8. Well Number 1
9. OGRID Number 229137
10. Pool name or Wildcat 96210 Empire; Glorieta-Yeso
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3702' GR

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
550 W. Texas Ave., Suite 1300 Midland, TX 79701

4. Well Location
Unit Letter **E** : **2310'** feet from the **North** line and **330'** feet from the **West** line
Section **24** Township **17S** Range **28E** NMPM County **EDDY**

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ 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: Change casing program <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

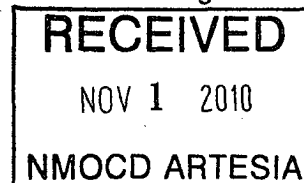
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

COG Operating LLC respectfully requests permission to change the casing program to:

Type	Hole Size	Casing Type	Casing Weight/ft.	Setting Depth	Sacks of Cement	Est TOC
Surf	17.5	13.375	48	250	300	0
Inter	11 or 12-1/4	8.625	24	850	400	0
Prod	7.875	5.50	17	5350	900	0

COG proposes to drill 17-1/2" hole to 250' w/ fresh water mud system, wt. 8.5, vis 28, set 13-3/8" casing & cement to surface. Drill 11" or 12-1/4" hole to 850' w/ brine mud system, wt 10, vis 30, set 8-5/8" casing & cement to surface. Drill 7 7/8" hole to 5350' w/ cut brine mud system, wt 9.1, vis 29-32, test Yeso formation and run 5 1/2" casing and cement to surface.

Note: On production string, a fluid caliper will be run, COG will attempt to circulate cement.



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 Robyn M. Odom TITLE Regulatory Analyst DATE 10-29-2010

Type or print name Robyn M. Odom E-mail address: rodome@conchoresources.com Telephone No. 432-685-4385

For State Use Only
APPROVED BY: [Signature] TITLE _____ DATE 11/1/2010
Conditions of Approval (if any): [Signature]