| Submit 1 Copy To Appropriate District Office  | State of New Mex           |                        | Form C-103                        |  |
|---|----------------------------|------------------------|-----------------------------------|--|
| <u>District I</u><br>1625 N. French Dr., Hobbs, NM 88240  | Energy, Minerals and Natur | al Resources WELL A    | October 13, 2009<br>API NO.       |  |
| <u>District II</u><br>1301 W. Grand Ave., Artesia, NM 88210   | OIL CONSERVATION           | DIVISION 5 Indic       | 30-015-37426<br>ate Type of Lease |  |
| District III<br>1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. France      | or S                   | TATE FEE                          |  |
| <u>District IV</u><br>1220 S. St. Francis Dr., Santa Fe, NM   | Santa Fe, NM 875           | 6. State               | Oil & Gas Lease No.               |  |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS   |                            |                        | Name or Unit Agreement Name       |  |
| (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   |                            |                        | SRO State Unit Com/308169>        |  |
| PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other   |                            |                        | Number 14H                        |  |
| 2. Name of Operator COG Operating LLC   |                            | 9. OGR                 | 9. OGRID Number                   |  |
| 3. Address of Operator  |                            |                        | 229137<br>I name or Wildcat       |  |
| 2208 W. Main Street, Artesia, NM 88210  |                            |                        | w; WG; Bone Spring 430215>        |  |
| 4. Well Location  West Franch South Line and 320 Feet from the West Line  |                            |                        |                                   |  |
| Unit Letter M: 660 feet from the South line and 330 feet from the West line  Section 10 Township 26S Range 28E NMPM Eddy County   |                            |                        |                                   |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3025   |                            |                        |                                   |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |                            |                        |                                   |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |                            |                        |                                   |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  |                            |                        | ☐ ALTERING CASING ☐               |  |
| TEMPORARILY ABANDON   |                            |                        |                                   |  |
| DOWNHOLE COMMINGLE  | ]                          |                        |                                   |  |
| OTHER: OTHER: Completion Operations   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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  |                            |                        |                                   |  |
|   |                            |                        |                                   |  |
| 11/22/10 to 11/23/10 MIRU WSU. Tag & drill out DVT's. Circulate well clean. 12/1/10 to 12/14/10 Perforate Bone Spring 6680-11025'. Acdz w/60590 gal 15% acid; Frac w/4897900# sand & 3755957 gal fluid. |                            |                        |                                   |  |
| 12/17/10 to 12/19/10 Drill out all frac plugs.  |                            |                        |                                   |  |
| 12/19/10 Start flowing back & tes   | ting.                      |                        |                                   |  |
| No tubing in hole.  |                            |                        | RECEIVED                          |  |
|   |                            |                        | JAN <b>0 4</b> 2011               |  |
|   |                            |                        | NMOCD ARTESIA                     |  |
| Spud Date: 10/11/   | 10 Pig Pologo Det          | e· 10/28/10            | TOTAL COLUMN                      |  |
| Spud Date.  | Rig Release Date           | e. 10,20,10            |                                   |  |
|   |                            |                        |                                   |  |
|   |                            |                        |                                   |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |                            |                        |                                   |  |
| SIGNATURE TITLE: Regulatory Analyst DATE: 12/29/10  |                            |                        |                                   |  |
| Type or print name: Stormi D  | avis E-mail address:       | sdavis@conchoresources | .com PHONE: (575) 748-6946        |  |
| For State Use Only  |                            |                        |                                   |  |
| APPROVED BY Conditions of Approval (if any):  | May TITLE FIP              | d Supervisor           | DATE 1-4-//                       |  |