

District I

1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

District II

1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103
Permit 40440

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

WELL API NUMBER
30-025-38079

5. Indicate Type of Lease
S

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
WEST PEARL 36 STATE

8. Well Number
001

9. OGRID Number
229137

10. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:G

2. Name of Operator
COG OPERATING LLC

3. Address of Operator
550 W TEXAS , , SUITE 1300 MIDLAND , TX 79701

4. Well Location

Unit Letter F : 1980 feet from the N line and 1740 feet from the W line
Section 36 Township 19S Range 34E NMPM Lea County

11. Elevation (Show whether DR, KB, BT, GR, etc.)

3716 GR.

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: _____ 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 PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE OF PLANS

PULL OR ALTER CASING MULTIPLE COMPL

Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTER CASING

COMMENCE DRILLING OPNS. PLUG AND ABANDON

CASING/CEMENT JOB

Other: **Drilling/Cement**

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.

10-25-06 Spud 17-1/2" hole @ 7:15 AM. TD 17-1/2" @ 605'. Ran 15 jts 13-3/8" 48# H-40 csg set @ 605'. Cmt w/ 305 sx C. Tail w/ 200 sx C. PD @ 1:45 AM. Circ 122 sx to pit.

10-26-06 WOC 18 hrs. Cut off & weld on head. Test to 1200# for 15 min. - OK. NU BOP & test to 1200# for 15 min. -

OK. **10/25/2006** Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
	Surf		17.5	13.375	48		0	605	505		C				Y

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 Electronically Signed

TITLE Regulatory Analyst

DATE 10/27/2006

Type or print name Diane Kuykendall

E-mail address dkuykendall@conchoresources.com Telephone No. 432-685-4372

For State Use Only:

APPROVED BY: Chris Williams

TITLE District Supervisor

DATE 11/1/2006 3:18:27 PM