

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

Form C-103
Permit 61901

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: <u>O</u> 2. Name of Operator <u>COG OPERATING LLC</u> 3. Address of Operator <u>550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701</u>		WELL API NUMBER <u>30-015-35654</u>
		5. Indicate Type of Lease <u>S</u>
		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>L</u> : <u>2310</u> feet from the <u>S</u> line and <u>990</u> feet from the <u>W</u> line Section <u>21</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		7. Lease Name or Unit Agreement Name <u>G J WEST COOP UNIT</u> 8. Well Number <u>164</u> 9. OGRID Number <u>229137</u> 10. Pool name or Wildcat
11. Elevation (Show whether DR, KB, BT, GR, etc.) <u>3611 GR.</u>		
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.
9/18/07 Sp 17-1/2 @ 6:30pm. 9/19/07 TD 12-1/2 @ 320'. 9/20/07 Ran 8jts 13-3/8 48# H-40 @ 320'. Cmt w/400 sx C. PD @ 8:00am. Circ 149 sx. WOC 18 hrs. Test csg to 1800# for 30 min, held ok. 09/21/07 TD 12-1/4 @ 867'. Ran 20jts 8-5/8 24# J-55 @ 867'. Cmt w/ 400 sx C, 200 sx C. PD @ 5:00am. Circ 138 sx. WOC 12 hrs. Test csg to 600# for 30 min, held ok. 9/27/07 TD 7-7/8 @ 5540'. 9/29/07 Ran 129jts 5-1/2 17# J-55 @ 5535'. Cmt w/500 sx C, 700 sx C, 100 sx C. PD @ 10:30am. Circ 103 sx. WOC 12 hrs. Test csg to 600# for 30 min, held ok. RR.9/18/2007 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
09/20/07	Surf		17.5	13.375	48		0	320	400		C				
09/21/07	Int1		12.25	8.625	24		0	867	700		C				Y
09/29/07	Prod		7.875	5.5	17		0	5535	1300		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 10/3/2007
Type or print name Diane Kuykendall _____ E-mail address dkuykendall@conchoresources.com _____ Telephone No. 432-685-4372

For State Use Only:
APPROVED BY: Bryan Arrant TITLE Geologist DATE 10/15/2007 1:33:35 PM