

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 64829

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: ☐		WELL API NUMBER 30-015-35765
		5. Indicate Type of Lease S
		6. State Oil & Gas Lease No.
2. Name of Operator COG OPERATING LLC	7. Lease Name or Unit Agreement Name MESILLA STATE	8. Well Number 007
3. Address of Operator 550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701	9. OGRID Number 229137	10. Pool name or Wildcat
4. Well Location Unit Letter <u>D</u> : <u>990</u> feet from the <u>N</u> line and <u>915</u> feet from the <u>W</u> line Section <u>16</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3688 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.
11/07/07 Sp 17-1/2 @ 7:00am. TD 17-1/2 @ 421'. 11/09/07 Ran 11jts 13-3/8 H40 48# @ 420'. Cmt w/180sx C, 300sx C, 448sx C. Circ 556. Cmt fell back to 25'. Mike Balnchard approved ready mix to surface. PD @ 1:00pm. WOC 18hrs. Test csg to 1800# for 30 min, ok. 11/10/07 TD 12-1/4 @ 1227'. Ran 28jts 8-5/8 J55 32# @ 1227'. Cmt w/600sx C, 200sx C. PD @ 11:30pm. Circ 277sx. WOC 12hrs. Test csg to 600# for 30 min, ok. 11/17/07 TD 7-7/8 @ 5906'. 11/19/07 Ran 139 jts 5-1/2 J55 17# @ 5862'. Cmt w/700sx C, 400sx C. PD @ 4:00am. Circ 252sx. WOC 12hrs. Test csg to 600# for 30 min, ok. RR. 11/7/2007 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
11/09/07	Surf		17.5	13.375	48		0	420	928		C				Y
11/10/07	Int1		12.25	8.625	32		0	1227	800		C				Y
11/19/07	Prod		7.875	5.5	17		0	5862	1100		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 11/20/2007
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 11/29/2007 11:37:52 AM