

District I
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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 77139

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: ☐ 2. Name of Operator COG OPERATING LLC 3. Address of Operator 550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701 4. Well Location Unit Letter <u>G</u> : <u>1650</u> feet from the <u>N</u> line and <u>2310</u> feet from the <u>E</u> line Section <u>16</u> Township <u>17S</u> Range <u>32E</u> NMPM Lea County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3583 GR		WELL API NUMBER 30-025-38734	
		5. Indicate Type of Lease S	
		6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name LEAKER CC STATE			
8. Well Number 013			
9. OGRID Number 229137			
10. Pool name or Wildcat			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table border="0"><tr><td>NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ Other:</td><td>SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTER CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐ CASING/CEMENT JOB ☐ Other: Drilling/Cement ☒</td></tr></table>		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 ☒
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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. 5/19/08 Spud 17-1/2 @ 1:30am. TD 17-1/2 @ 640'. Ran 14jts 13-3/8 H40 48# @ 640'. Cmt w/500sx C, 200sx C. PD @ 9:30am. Circ 150sx. WOC 18hrs. Tested csg to 1800# for 30min, ok. 5/22/08 TD 11 @ 2155'. Ran 48jts 8-5/8 STC 32# @ 2155'. 5/23/08 Cmt w/500 sx C, 200sx C. PD @ 6:15am. Circ 181sx. WOC 12hrs. Tested csg to 600# for 30min, ok. 6/1/08 TD 7-7/8 @ 6972'. 6/3/08 Ran 154jts 5-1/2 L80 17# @ 6970'. Cmt w/800sx C, 400sx C. PD @ 6:30am. Circ 63sx. WOC 12hrs. Test csg to 600# for 30min, ok. RR.5/19/2008 Spudded well.			
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 _____			

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
05/19/08	Surf		17.5	13.375	48	H40	0	640	700		C				Y
05/22/08	Int1		11	8.625	32	H40	0	2155	700		C				Y
06/03/08	Prod		7.875	5.5	17	L80	0	6970	1200		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 6/17/2008
Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

For State Use Only:
APPROVED BY: Paul Kautz TITLE Geologist DATE 6/18/2008 6:47:01 AM