

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 78072

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

WELL API NUMBER
30-015-36057

5. Indicate Type of Lease
S

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
G J WEST COOP UNIT

8. Well Number
185

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: O

2. Name of Operator

COG OPERATING LLC

3. Address of Operator

550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701

4. Well Location

Unit Letter B : 590 feet from the N line and 1718 feet from the E line
Section 22 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3654 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.
6/19/08 Spud 17-1/2 @ 11:30pm. 6/20/08 TD 17-1/2 @ 497'. Ran 7jts 13-3/8 H40 48# @ 318'. Cmt w/ 350sx C. PD @ 11:45am. Circ 110sx. WOC 18hrs. Test csg to 1800# for 30min,ok. 6/21/08 TD 11" @ 858'. Ran 19jts 8-5/8 J55 24# @ 857'. Cmt w/400sx C, 200sx C. PD @ 6:30pm. Circ 119sx. WOC 12hrs. Test csg to 600# for 30min,ok. 6/29/08 TD 7-7/8 @ 5528'. 6/30/08 Ran 121jts 5-1/2 J55 17# @ 5527'. Cmt w/700sx C, 400sx C. PD @ 7:30pm. Circ 177. WOC 12hrs. Test csg to 600# for 30min,ok. RR. 6/19/2008 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
06/20/08	Surf		17.5	13.375	48	H40	0	318	350		C				Y
06/21/08	Int1		11	8.625	24	J55	0	857	600		C				Y
06/30/08	Prod		7.875	5.5	17	J55	0	5527	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 7/3/2008

Type or print name Diane Kuykendall

E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

For State Use Only:

APPROVED BY: Tim Gum

TITLE District Supervisor

DATE 7/14/2008 3:07:34 PM