

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 81229

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 30-015-36353
		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 TEXACO BE
3. Address of Operator 550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701		8. Well Number 010
4. Well Location Unit Letter <u>A</u> : <u>990</u> feet from the <u>N</u> line and <u>990</u> feet from the <u>E</u> line Section <u>16</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		9. OGRID Number 229137
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3692 GR.		10. Pool name or Wildcat
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.
08/08/08 Spud 17-1/2" @ 6:00am. TD 17-1/2" @ 438'. Ran 10jts 13-3/8 H40 48# @ 437'. Cmt w/ 475sx. C. PD @ 10:45pm. Circ 251sx. WOC 18hrs. Tested BOP to 2000# for 10 min, ok.
08/11/08 TD 11" @ 1296'. Ran 28jts 8-5/8 J55 32# @ 1262'. Cmt w/400sx C, 300sx C. PD @ 4:45pm. Circ 169sx. WOC 12hrs. Test BOP to 2000# for 10 min, ok.
08/22/08 TD 7-7/8" @ 6030'.
08/23/08 Ran 141jts 5-1/2 J55 17# @ 6030'. Cmt w/ 700sx C, 400sx C. PD @ 8:45am. Circ 159sx. WOC 12hrs. Tested csg to 600# for 20min, ok.
08/23/08 RR.
8/8/2008 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
08/08/08	Surf		17.5	13.375	48	H40	0	438	475		C				Y
08/11/08	Int1		11	8.625	32	J55	0	1296	700		C				Y
08/23/08	Prod		7.875	5.5	17		0	6030	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 9/2/2008

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 9/8/2008 8:14:34 AM