

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 84689

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 30-015-36352
		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	8. Well Number 009
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>B</u> : <u>890</u> feet from the <u>N</u> line and <u>2510</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		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3686 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.
10/10/08 Spud 17-1/2" @ 5:00am. 10/11/08 Ran 9 jts 13-3/8" H40 43# @ 414' Cmt 180 sx C lead, 300 sx C, 2nd lead & 450 sx C tail. PD @ 10:15pm. Did not circ. Ran temp survey. 1" to surface. Pumped 295 sx C, Circ 20sx. WOC 18 hrs. Test csg to 1800# for 30min, ok. 10/13/08 TD 11" @ 1324'. Ran 29 jts 8-5/8" J55 32# @ 1323'. Cmt w/ 400sx C, 200sx C. PD @ 5:30pm. Circ 87sx. WOC 12hrs. Test csg to 600# for 30min, ok. 10/20/08 TD 7-7/8" @ 6031'. 10/21/08 Ran 132jts 5-1/2 J55 17# @ 5507'. Cmt w/ 700sx C, 400sx C. PD @ 4:11pm. Circ 380sx. WOC 12hrs. Test csg to 600# for 30min, ok. RR. **10/10/2008** 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
10/11/08	Surf		17.5	13.375	48	H40	0	414	1045		C				Y
10/13/08	Int1		11	8.625	32	J55	0	1323	600		C				Y
10/21/08	Prod		7.875	5.5	17	J55	0	5507	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 11/5/2008

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 11/10/2008 4:17:13 PM