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 85471

WELL API NUMBER
30-015-36392

5. Indicate Type of Lease
S

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:O

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

8. Well Number
200

2. Name of Operator
COG OPERATING LLC

9. OGRID Number
229137

3. Address of Operator
550 W TEXAS , , SUITE 1300 MIDLAND , TX 79701

10. Pool name or Wildcat

4. Well Location
Unit Letter F : 2310 feet from the N line and 1650 feet from the W line
Section 16 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3579 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
Other:		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.

10/21/08 Spud 17-1/2 @ 3:30pm. TD 17-1/2 @ 334'. Ran 8jts 13-3/8 H40 48# @ 331'. Cmt w/400sx C, did not circ. 10/22/08 Cmt 1st plug w/59sx C, fell 32'. Cmt 2nd plug w/29sx C, fell 32'. Cmt 3rd plug w/46sx, fell 2". WOC 18hrs. Test csg to 1800# for 30 min, ok. 10/22/08 TD 11 @ 797'. 10/23/08 Ran 18jts 8-3/8 J55 24# @ 797'. Cmt w/300sx C, 200sx C. PD @ 10:20pm. Circ 195sx. WOC 12hrs. Test csg to 600# for 30min,ok. 10/30/08 TD 7-7/8 @ 5462'. Ran 148jts 5-1/2 J55 17# @ 5461'. Cmt w/700sx C, 400sx C. PD @ 7:30pm. Circ 109sx. WOC 12hrs. Test csg to 600# for 30min,ok. RR.**10/21/2008** 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
10/21/08	Surf		17.5	13.375	48	H40	0	331	534		C				Y
10/23/08	Int1		11	8.625	24	J55	0	797	500		C				Y
10/30/08	Prod		7.875	5.5	17	J55	0	5461	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 11/19/2008

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 12/2/2008 2:24:43 PM