

## 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 88792

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

WELL API NUMBER  
30-015-36700

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  
251

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 E : 1650 feet from the N line and 990 feet from the W line  
Section 21 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)

3612 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.

1/3/09 Spud 17-1/2 @ 2:00pm. TD 17-1/2 @ 301'. Ran 7jts 13-3/8 H40 48# @ 300'. Cmt w/ 400sx C. PD@11:00pm. Circ 124sx. WOC 18 hrs. Test csg to 1800# for 30min,ok. 1/04/09 TD 11 @ 860'. Ran 20jts J55 24# @ 859'. Cmt w/ 300sx C, 200sx C. PD @ 2:00am,1/5/09. Circ 150sx. WOC 12hrs. Test csg to 600# for 30min,ok.1/11/09 TD 7-7/8 @ 5459'. Ran 130jts J55 17# @ 5459'. Cmt w/700sx C, 400sx C. PD@4:15pm. Circ 123sx. WOC 12hrs. Test csg to 600# for 30 min, ok. RR.1/3/2009 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
01/03/09	Surf		17.5	13.375	48	H40	0	300	400		C				Y
01/04/09	Int1		11	8.625	24	J55	0	859	500		C				Y
01/11/09	Prod		7.875	5.5	17	J55	0	5458	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 1/21/2009

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 1/22/2009 8:43:34 AM