

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 89255

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 30-015-36701
		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 G J WEST COOP UNIT
3. Address of Operator 550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701		8. Well Number 222
4. Well Location Unit Letter <u>G</u> : <u>2310</u> feet from the <u>N</u> line and <u>2310</u> feet from the <u>E</u> line Section <u>16</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		9. OGRID Number 229137
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3572 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.

12/21/08 Spud 17-1/2" @ 7:00pm. TD 17-1/2" @ 308'. Ran 8jts 13-3/8 H40 48# @ 308'. Cmt w/ 400sx C.

12/22/08 PD @ 3:15am. Circ 100sx. WOC 18hrs. Tested BOP to 2000# for 10 min, ok.

12/23/08 TD 11" @ 876'. Ran 20jts 8-5/8 J55 24# @ 876'. Cmt w/ 400sx C, 200sx C. PD @ 10:15am. Circ 280sx. WOC 12hrs. Test BOP to 2000# for 10 min, ok.

01/02/09 TD 7-7/8" @ 5454'. Ran 130jts 5-1/2 J55 17# @ 5453'. Cmt w/ 600sx C, 400sx C. PD @ 5:45pm. Circ 150sx. WOC 12hrs. Tested csg to 600# for 20min, ok. RR.

12/21/2008 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
12/21/08	Surf		17.5	13.375	48	H40	0	308	400		C				Y
12/23/08	Int1		11	8.625	24	J55	0	876	600		C				Y
01/02/09	Prod		7.875	5.5	17	J55	0	5453	1000		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 1/30/2009

Type or print name Diane Kuykendall

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

For State Use Only:

APPROVED BY: Jacqueta Reeves

TITLE District Geologist

DATE 2/16/2009 1:35:25 PM