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 102000

WELL API NUMBER
30-015-37151

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.)

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

1. Type of Well: O

8. Well Number
257

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 L : 2310 feet from the S line and 330 feet from the W line
Section 21 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3604 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.
09/01/09 Sp 17-1/2 @ 12:45pm. TD 17-1/2 @ 347. Ran 8jts 13-3/8 H40 48# @ 347. Cmt w/300sx C, 250 sx C, 400sx C. PD@8:50pm. Cmt fell. Pumped 50sx C. 1" to surface w/92sx C. Circ 5sx. Test csg to 500# for 30min, ok. WOC 18hrs. 9/2/09 TD 11 @ 842. Ran 20jts 8-5/8 J55 24# @ 842. Cmt w/ 300sx C lead, 250sx C lead, 300sx C tail. 9/3/09 PD @ 2:00am. Circ 5sx. Test csg to 8500# for 30min, ok. WOC 18hrs. 9/7/09 TD 7-7/8 @ 5498. Ran 146jts 5-1/2 J55 17# @ 5498. Cmt w/500sx C lead, 400sx C tail. PD @ 7:50pm. Circ 183sx. 9/8/09 RR.Will test csg w/production rig. WOC 24hrs.**9/1/2009** 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
09/01/09	Surf		17.5	13.375	48	H40	0	347	1092		C				Y
09/02/09	Int1		11	8.625	24	J66	0	842	850		C				Y
09/07/09	Prod		7.875	5.5	17	J55	0	5498	900		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 9/10/2009

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 9/14/2009 8:48:23 AM