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 102899

WELL API NUMBER
30-015-37227

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
209

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 C : 550 feet from the N line and 2360 feet from the W line
Section 16 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3575 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.
9/8/09 Sp 17-1/2@1:30pm.9/15/09 TD 17-1/2@360.Ran 9jts 13-3/8 H40 48# @360.Cmtw/900sx C.PD@10:05pm.Did not circ.Ran temp survey,TOC@270.1" to surface.Cmtw/450sx C.Circ 63sx.Test BOP w/rig pump to 1000psi for 30min,ok.WOC 18hrs.9/17/09 TD 11@843.Ran 20jts 8-5/8 J55 24#@843.Cmt w/180sx C ld,400sx C tl.9/18/09 PD@10:26am.Did not circ.Ran temp survey.TOC@464.1"to surface.Cmtw/225sx C.Circ 42sx.Test csg to 2000# for30min,ok.WOC 18hrs.9/21/09 TD7-7/8@5500.9/22/09 Ran144jts5-1/2 J55 17#@5462.Cmtw/500sxC ld,400sxC tl.PD@11:15am.Circ72sx.Will test csg to 3500#for30min on completion rig.WOC 24hrs.RR.**9/8/2009** 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
09/15/09	Surf		17.5	13.375	48	H40	0	360	1350		C				Y
09/17/09	Int1		11	8.625	24	J55	0	843	805		C				Y
09/22/09	Prod		7.875	5.5	17	J55	0	5462	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 10/5/2009

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 10/13/2009 3:55:25 PM