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 104082

WELL API NUMBER
30-025-39463

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
GOOD HANDS 15 STATE

8. Well Number
001

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 A : 1190 feet from the N line and 430 feet from the E line
Section 15 Township 14S Range 32E NMPM Lea County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
4294 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.

8/13/09Spud17-1/2"@12:00am.8/13/09 TD17-1/2" @530'.Ran 14jts 13-3/8 J55 54.5#@667'.Cmtw/350sxC.,200sxC.PD@7:00pm.Circ 139sx.WOC 18 hrs.Tst csg 1000# for 30 min,ok.8/22/09 TD12-1/4"@4050'.Ran 95jts 9-5/8 K55 40#@4050'.Cmt w/1600sxC.,200sxC..PD@10:00am.Circ 406sx.WOC 18 hrs.Tst csg1000# for 30 min,ok.9/02/09 TD 8-3/4"@8090'.9/04/09 Ran 191jts 7 HCP-110 26#@8083'.Cmt w/900sxC.,200sx C.Circ 200sx.WOC 18 hrs.Tst csg to 1000# for 30 min,ok.9/14/09Curve 8414'-9161'10/07/09 TD6-1/8"@11,621 MD,8854 TVD.10/09/09Ran47jts4-1/2 11.6#HCP110@10,055'. Packers set@9999,9629,9442,9084,7964.10/11/09RR

8/11/2009 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
08/13/09	Surf		17.5	13.375	54.5	J55	0	530	550		C				Y
08/22/09	Int1		12.25	9.625	40	K55	0	4050	1800		C				Y
09/02/09	Prod		8.75	7	26	HCP110	0	8090	1100		C				Y
10/07/09	Liner1		6.125	4.5	11.6	HCP110	0	10055	0						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 10/28/2009

Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 10/29/2009 8:43:10 AM