

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 117164

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.)		WELL API NUMBER 30-015-37452
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator 550 W TEXAS, SUITE 1300, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name YALE STATE
4. Well Location Unit Letter <u>N</u> : <u>330</u> feet from the <u>S</u> line and <u>1650</u> feet from the <u>W</u> line Section <u>2</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		8. Well Number 003
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3748 GR.		9. OGRID Number 229137
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 _____		10. Pool name or Wildcat

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.
 6/09/10 Spud 17-1/2@1:30am.TD 17-1/2@388.Ran 9jts 13-3/8 H40 48#@388.Cmt w/300sx C Id,250sx C 2nd Id,200sx C
 tl.PD@9:05pm.Circ 340sx.WOC 18hrs. Test csg to 1000# for 30min,ok.6/13/10 TD 11@1343.Ran 30jts 8-5/8 J55 24# @1343.Cmt w/
 300sx C Id,200sx C.PD@8:20am.Circ 98sx.WOC 18hrs. Test csg to 2000# for 30min,ok.6/19/10 TD 7-7/8@6232. 6/20/10 Ran 143jts 5-
 1/2 J55 17#@6225.Cmt w/650sx C Id,400sx C tl.Did not circ. TOC @ 648. WOC 24hrs.Will test csg to 3500# for 30min with
 completion rig.6/21/10 RR.6/9/2010 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
06/09/10	Surf		17.5	13.375	48	H40	0	388	750		C				Y
06/13/10	Int1		11	8.625	24	J55	0	1343	500		C				Y
06/20/10	Prod		7.875	5.5	17	J55	648	6225	1050		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 7/12/2010
 Type or print name Diane Kuykendall _____ E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

For State Use Only:
 APPROVED BY: Randy Dade _____ TITLE District Supervisor _____ DATE 7/13/2010 10:45:44 AM