

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 124792

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 30-015-36490
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 KOOL AID STATE
4. Well Location Unit Letter <u>F</u> : <u>1650</u> feet from the <u>N</u> line and <u>2310</u> feet from the <u>W</u> line Section <u>24</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number 010
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3708 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.

12/12/10 Spud 17-1/2" @ 6PM. TD 17-1/2" @ 273'. Ran 6jts 13-3/8 H40 48# @ 273'. Cmt w/100sx C., 200sx C.

12/13/10 PD @ 3:07am. Circ 42sx. WOC 18 hrs. Test csg to 1200# for 30 min., ok.

12/14/10 TD 11" @ 856'. Ran 19jts 8-5/8 J55 24# @ 856'. Cmt w/300sx Thix. C. 200sx C., 200sx C., 250sx C. PD @ 3:26pm. Circ 242sx. WOC 18 hrs. Test csg to 1200# for 30 min, ok.

12/18/10 TD 7-7/8" @ 5430. 12/19/10 Ran 126jts 5-1/2 J55 17# @ 5420. Cmt w/500sx C. 1d, 400sx C. tl. Circ 95sx WOC 24hrs. RR.

Will test csg to 3500# for 30 min on completion rig.

12/12/2010 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
12/12/10	Surf		17.5	13.375	48	H40	0	273	300		C				Y
12/14/10	Int1		11	8.625	24	J55	0	856	950		C				Y
12/18/10	Prod		7.875	5.5	17	J55	0	5420	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 Production Reporting Mgr _____ DATE 12/20/2010
 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 12/27/2010 7:46:52 AM