

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 130615

|                                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| WELL API NUMBER<br>30-025-39932                                                                                                                                                                                                                                                                                                         |  |
| 5. Indicate Type of Lease<br>S                                                                                                                                                                                                                                                                                                          |  |
| 6. State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                                            |  |
| 7. Lease Name or Unit Agreement Name<br>LEAKER CC STATE                                                                                                                                                                                                                                                                                 |  |
| 8. Well Number<br>025                                                                                                                                                                                                                                                                                                                   |  |
| 9. OGRID Number<br>229137                                                                                                                                                                                                                                                                                                               |  |
| 10. Pool name or Wildcat                                                                                                                                                                                                                                                                                                                |  |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)                                                                                                                           |  |
| 1. Type of Well: O                                                                                                                                                                                                                                                                                                                      |  |
| 2. Name of Operator<br>COG OPERATING LLC                                                                                                                                                                                                                                                                                                |  |
| 3. Address of Operator<br>550 W TEXAS, SUITE 1300, MIDLAND, TX 79701                                                                                                                                                                                                                                                                    |  |
| 4. Well Location<br>Unit Letter <u>H</u> : <u>1650</u> feet from the <u>N</u> line and <u>330</u> feet from the <u>E</u> line<br>Section <u>16</u> Township <u>17S</u> Range <u>32E</u> NMPM Lea County                                                                                                                                 |  |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>4061 GR.                                                                                                                                                                                                                                                                           |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>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:**

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.

4/9/11 Spud 17-1/2 @ 11:45PM. 4/10/11 TD 17-1/2 @ 625. Ran 16jts 13-3/8 H40 48# @ 625. Cmt w/350sx C. lead, 200sx C. tail.  
 4/11/11 PD @ 6:02AM. Circ 170sx. WOC 18hrs. Test csg to 1000# for 30 min., ok. 4/12/11 TD 11 @ 2179. Ran 50jts 8-5/8 J55 32#  
 @ 2179. Cmt w/400sx C. lead, 200sx C. tail. 4/13/11 PD @ 3:55AM. Circ 117sx. WOC 18hrs. Test csg to 1000# for 30 min, ok.  
 4/19/11 TD 7-7/8 @ 7030. Ran 161jts 5-1/2 L80 17# @ 7019. Cmt w/850sx C. lead, 400sx C. tail. PD @ 5:18PM. Circ 117sx WOC  
 24hrs. 4/20/11 RR. Will test csg to 5000# for 30 min on completion rig.  
 4/9/2011 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 |
|----------|--------|------------|-----------|----------|--------------|-------|---------|----------|-------|-------|-------|---------|-----------|-----------|-----------|
| 04/10/11 | Surf   |            | 17.5      | 13.375   | 48           | H40   | 0       | 625      | 550   |       | C     |         |           |           | Y         |
| 04/12/11 | Int1   |            | 11        | 8.625    | 32           | J55   | 0       | 2179     | 600   |       | C     |         |           |           | Y         |
| 04/19/11 | Prod   |            | 7.875     | 5.5      | 17           | L80   | 0       | 7019     | 1250  |       | 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 4/20/2011

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 4/20/2011 3:24:52 PM