

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

WELL API NUMBER	30-015-37527
5. Indicate Type of Lease	S
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	KOOL AID STATE
8. Well Number	016
9. OGRID Number	229137
10. Pool name or Wildcat	

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.)

1. Type of Well: O		016	
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	G	: 1650 feet from the	N line and 2335 feet from the E line
Section	24	Township	17S Range 28E NMPM Eddy County
		11. Elevation (Show whether DR, KB, BT, GR, etc.) 3709 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
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Pit Liner Thickness:	mil	Below-Grade Tank: Volume	bbls: Construction Material
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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: Spud ☒

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.

6/8/2011 Spudded well.

6/8/11 Spud 17.5" hole @ 3PM.

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 NIMCOD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Production Reporting Mgr DATE 6/9/2011

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

For State Use Only:

APPROVED BY: Randy Dade TITLE District Supervisor DATE 6/10/2011