

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 133492

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	
2. Name of Operator COG OPERATING LLC	
3. Address of Operator 550 W TEXAS, SUITE 1300, MIDLAND, TX 79701	
4. Well Location Unit Letter <u>G</u> : <u>1650</u> feet from the <u>N</u> line and <u>2335</u> feet from the <u>E</u> line Section <u>24</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> 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 _____ 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.

6/8/11 Spud 17-1/2 @ 8PM. TD 17-1/2 @ 283. Ran 7jts 13-3/8 H40 48# @ 283. Cmt w/100sx C. lead, 200sx C. tail. 6/9/11 PD @ 5:33AM. Circ 62sx. WOC 18hrs. Test csg to 1200# for 30 min., ok.

6/10/11 TD 11 @ 854. Ran 20jts 8-5/8 J55 24# @ 853. Cmt w/200sx C. lead, 200sx C. tail. PD @ 6:50AM. Circ 72sx. WOC 18hrs. Test csg to 2000# for 30 min., ok.

6/14/11 TD 7-7/8 @ 5420.

6/15/11 Ran 123jts 5-1/2 J55 17# @ 5405. Cmt w/550sx C. lead, 400sx C. tail. PD @ 10:48AM. Circ 122sx WOC 24hrs. RR. Will test csg to 3500# for 30 min on completion rig.

6/8/2011 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
06/08/11	Surf		17.5	13.375	48	H40	0	283	300		C				Y
06/10/11	Int1		11	8.625	24	J55	0	853	400		C				Y
06/15/11	Prod		7.875	6.5	17	J55	0	5405	950		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 6/21/2011

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 6/21/2011 3:45:16 PM