District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 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
August 1, 2011

Permit 136539

WELL API NUMBER	30-015-39203
5. Indicate Type of Lease	S
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	YALE STATE
8. Well Number	025
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 DIFFRENT 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 L : 2360 feet from the S line and 520 feet from the W line
Section 2 Township 17S Range 30E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3745 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
Other:		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.
8/11/11 Spud 17-1/2 @4PM. 8/12/11 TD 17-1/2 @440. Ran 10jts 13-3/8 H40 48# @440. Cmt w/300sx H. 250sx C. 450sx C. PD@1:45PM. Ran TS. TOC@171. RIH w/1" pump 250sx. Circ 10sx. WOC 18hrs. Test csg to 1200# for 30min ok. 8/14/11 TD 11@1369. Ran 33jts 8-5/8 J55 24# @1369. Cmt w/300sx C. ld, 200sx C. tl. PD@4:17PM. Circ 137sx. WOC 18hrs. Test csg to 1500# for 30 min ok. 8/19/11 TD 7-7/8 @ 6160. Ran 141jts 5-1/2 J55/L80 17#@6153. DVT@3394. Cmt stg1 w/650sx C. 8/20/11 PD@4:23AM. Circ 288sx. Cmt stg2 w/650sx C. ld, 400sx C. tl. PD@12:14PM. Circ 247sx. WOC 24hrs. 8/21/11 RR. **8/11/2011** 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
08/12/11	Surf		17.5	13.375	48	H40	171	440	1000		C				Y
08/14/11	Int1		11	8.625	24	J55	0	1369	500		C				Y
08/19/11	Prod		7.875	5.5	17	J55	0	6153	1700		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 8/23/2011

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 8/24/2011 4:38:45 PM