District I Form C-103 State of New Mexico 1625 N. French Dr., Hobbs, NM 88240 August 1, 2011 Phone:(575) 393-6161 Fax:(575) 393-0720 Energy, Minerals and Natural District II Permit 148049 811 S. First St., Artesia, NM 88210 Resources WELL API NUMBER Phone:(575) 748-1283 Fax:(575) 748-9720 District III 30-015-39455 Oil Conservation Division 1000 Rio Brazos Rd., Aztec, NM 87410 Indicate Type of Lease Phone:(505) 334-6178 Fax:(505) 334-6170 1220 S. St Francis Dr. District IV S 1220 S. St Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462 State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name REPOSADO 2 STATE (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 8. Well Number PROPOSALS.) 002H Type of Well: O 9. OGRID Number 2. Name of Operator COG PRODUCTION, LLC 217955 3. Address of Operator 10. Pool name or Wildcat 550 W. Texas Avenue Suite 100, Midland, TX 79701 4. Well Location 400 990 Unit Letter A N feet from the line and feet from the 1ine 2 Township NMPM 26S 29E Range Eddy County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3027 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__ mil Below-Grade Tank: Volume_ bbls; Construction Material_ Pit Liner Thickness: 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: Spud X 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. 4/26/2012 Spudded well. 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 \square , a general permit \square or an (attached) alternative OCD-approved plan \square .

TITLE Production Reporting Manager

TITLE District Supervisor

E-mail address dkuykendall@concho.com Telephone No. 432-685-4372

DATE 5/1/2012

DATE 5/2/2012

SIGNATURE Electronically Signed

APPROVED BY: Randy Dade

Type or print name

For State Use Only:

DIANE

KUYKENDALL