## 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 145240 811 S. First St., Artesia, NM 88210 Resources WELL API NUMBER Phone:(575) 748-1283 Fax:(575) 748-9720 District III 30-015-39861 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 F 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 DIAMONDBACK 22 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 COM PROPOSALS.) 8. Well Number 1. Type of Well:G 003H 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 550 N 660 Unit Letter feet from the feet from the line and NMPM Township 26S Range 28E Eddy County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 2982 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: X 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. 5/11/2012 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 🗆, a general permit 🗀 or an (attached) alternative OCD-approved plan 🗀.

TITLE Production Reporting Manager

TITLE District Supervisor

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

DATE 5/25/2012

DATE 5/25/2012

SIGNATURE Electronically Signed

Type or print name

For State Use Only: APPROVED BY: DIANE

KUYKENDALL

Randy Dade