

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 153213

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.)		WELL API NUMBER 30-015-39969
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator ONE CONCHO CENTER, 600 W. ILLINOIS AVENUE, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name PINTO 36 STATE COM
4. Well Location Unit Letter <u>N</u> : <u>150</u> feet from the <u>S</u> line and <u>1700</u> feet from the <u>W</u> line Section <u>36</u> Township <u>18S</u> Range <u>25E</u> NMPM <u>Eddy</u> County		8. Well Number 002H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3490 GR		9. OGRID Number 229137
10. Pool name or Wildcat		
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.
 7/20/12 Spud 12-1/4 @ 12:30AM. 7/21/12 TD 12-1/4 @ 1230. Ran 28jts 9-5/8 J55 36# @ 1228. Cmt w/400sx C. +add lead, 300sx C. +add tail. PD @ 6PM. Ran temp survey, TOC @ 120. RIH w/1" tag @ 147 cmt w/150sx in 3stages. Circ 17sx. WOC 18hrs. Test csg to 1000# for 30 min ok.
 7/24/12 Drill 8-3/4 hole to 1950 KOP. End of curve @ 2859.
 7/25/12 Drill lateral from 2859-7028.
 7/29/12 TD 7-7/8 @ 7028MD 2340TVD. 7/30/12 Ran 125jts 5-1/2 17# L80, XO, 44jts 7"jts 26# L80 @ 7012. Cmt 900sx C. +add. PD @ 12:25PM. Circ 198sx to pit. 8/1/12 RR. 7/20/2012 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
07/21/12	Surf		12.25	9.625	36	J55	120	1228	700		C				Y
07/30/12	Prod		7.875	5.5	17	L80	0	7012	900		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 8/15/2012
 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 8/16/2012 7:31:20 AM