

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 154880

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 30-015-40131
1. Type of Well: O		5. Indicate Type of Lease P
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator One Concho Center, 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name CLYDESDALE 1 FEE
4. Well Location Unit Letter <u>H</u> : <u>2260</u> feet from the <u>N</u> line and <u>150</u> feet from the <u>E</u> line Section <u>1</u> Township <u>19S</u> Range <u>25E</u> NMPM <u>Eddy</u> County		8. Well Number 004H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3410 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.
 8/22/12 Spud 12-1/4 @ 12AM. 8/23/12 TD 12-1/4 @ 1210. Ran 29jts 9-5/8 J55 40# @ 1210. 8/24/12 Cmt w/1000sx C. +add. PD @ 9:49AM. Circ 17sx. WOC 18hrs. Test csg to 1500# for 30min ok. 8/26/12 Drill 8-3/4 vert sect. Drill 7-7/8 PH. 8/28/12 TD 7-7/8 PH @ 3477. Cmt w/300sx C. Circ 146sx. 2nd plug w/300sx C. Circ 192sx. 8/31/12 Drill 8-3/4 curve. KOP @ 2368. EOC 3308. 9/1/12 Drill lateral from 3308-7534. 9/5/12 TD 7-7/8 @ 7534MD 2741TVD. Ran 53jts 7" 26# L80,XO,117jts 5-1/2 17# L80 @ 7434. DVT @ 2411. Cmt 300sx C. +add ld, 150sx C. +add tl. PD @ 7:11PM. Circ 163sx. 9/8/12 RR.8/22/2012 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
08/23/12	Surf		12.25	9.625	40	J55	132	1210	1000		C				Y
09/07/12	Prod		7.875	5.5	17	L80	0	7434	450		C				Y
09/08/12	Prod		8.75	7	26	L80	0	2435	0						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 9/18/2012
 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 9/20/2012 8:35:39 AM

Drilling Comments

OGRID: [229137] COG OPERATING LLC

Permit Number: 154880

Permit Type: Drilling

Created By	Comment	Comment Date
cjackson	Ran TS, TOC @ 132. RIH w/1" tag @ 220 cmt w/450sx in 8stages.	9/18/2012