

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 159039

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-025-40733
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG PRODUCTION, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 550 W. Texas Avenue Suite 100, Midland, TX 79701		7. Lease Name or Unit Agreement Name SOPAPILLA STATE
4. Well Location Unit Letter <u>M</u> : <u>190</u> feet from the <u>S</u> line and <u>380</u> feet from the <u>W</u> line Section <u>2</u> Township <u>23S</u> Range <u>33E</u> NMPM Lea County		8. Well Number 001H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3561 GR		9. OGRID Number 217955
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Drilling/Cement <input checked="" type="checkbox"/>

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.

11/9/12 Drld 17 1/2" hole to 791'. Lost circ. Cmt back to 578' w/350 sx. WOC. Continue drlg.

11/13/12 TD 17 1/2" hole @ 1047'. Set 13 3/8" 54.5# J-55 csg @ 1047'. Cmt w/700 sx Class C. Tailed in w/250 sx. Circ 500 sx to surface. WOC 18 hrs. Test to 1000# for 30 mins. Test good.

11/19/12 TD 12 1/4" hole @ 4901'. Set 9 5/8" 40# J-55 csg @ 4901'. Cmt w/1050 sx Class C. Tailed in w/250 sx. Circ 245 sx to surface. WOC 18 hrs. Test csg to 1000# for 30 mins. Test good.

11/8/2012 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
11/13/12	Surf		17.5	13.375	54.5	J55	0	1047	950		C		1000		0
11/20/12	Int1		12.25	9.625	40	J55	0	4901	1300		C		1000		0

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Production Reporting Manager DATE 12/7/2012

Type or print name DIANE KUYKENDALL E-mail address dkuykendall@concho.com Telephone No. 432-685-4372

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 12/10/2012 8:28:04 AM