

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 160866

<p align="center">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.)</p>		<p>WELL API NUMBER 30-025-40714</p>
<p>1. Type of Well: O</p>		<p>5. Indicate Type of Lease S</p>
<p>2. Name of Operator COG OPERATING LLC</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator One Concho Center, 600 W. Illinois Ave, Midland, TX 79701</p>		<p>7. Lease Name or Unit Agreement Name CORAZON STATE UNIT</p>
<p>4. Well Location Unit Letter <u>P</u> : <u>100</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>E</u> line Section <u>3</u> Township <u>21S</u> Range <u>33E</u> NMPM Lea County</p>		<p>8. Well Number 001H</p>
<p>11. Elevation (Show whether DR, KB, BT, GR, etc.) 3818 GR</p>		<p>9. OGRID Number 229137</p>
<p>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 _____</p>		<p>10. Pool name or Wildcat</p>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
Other: _____	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.
12/5/12 TD 7 7/8" pilot hole @ 11850'. Set cmt plug w/150 sx. WOC. Tag @ 11070'. Drill out cmt to 11096' (KOP).

1/3/13 TD 7 7/8" lateral @ 18931'. Set 5 1/2" 17# P-110 csg @ 18931'. Cmt w/1200 sx Class H. Tailed in w/1500 sx. Circ 256 sx to surface. Test to 2500#.

1/8/13 Released rig. 11/15/2012 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
11/17/12	Surf		17.5	13.375	54.5	J55	0	1760	1350		C		1500		0
11/25/12	Int1		12.25	9.625	40	J55	0	5511	1800		C		1500		0
01/08/13	Prod		7.875	5.5	17	P110	0	18931	2700		H		2500		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 NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Electronically Signed TITLE Production Reporting Mgr DATE 1/16/2013

Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

For State Use Only:
APPROVED BY: Paul Kautz TITLE Geologist DATE 1/16/2013 2:26:48 PM