## District I

Form C-103

1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720	State of New Mexico			August 1, 2011  Permit 163971  WELL API NUMBER		
District II 811 S. First St., Artesia, NM 88210	Energy, Minerals and Natural Resources					
Phone:(575) 748-1283 Fax:(575) 748-9720 District III			30-015-39814			
1000 Rio Brazos Rd., Aztec, NM 87410	Oil Conserv	Oil Conservation Division		10.0012.000.000		
Phone:(505) 334-6178 Fax:(505) 334-6170 District IV	1220 S. St Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease P			
1220 S. St Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3470 Fax: (505) 476-3462						
	VE-00000-00-0000-000-000	NAME OF THE PARTY		6. State Oil & Gas Lease No.		
	S AND REPORTS O	A TOO TO A TOP TO THE A		7. Lease Name or		Vame
(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 PROPOSALS.)				PATTON 5 FEE		
				8. Well Number		
1. Type of Well:O				(	001H	
2. Name of Operator				9. OGRID Number		
COG OPERATING LLC				229137		
3. Address of Operator				10. Pool name or Wildcat		
One Concho Center, 600 W	V. Illinois Ave, Midland,	TX 79701				
4. Well Location						
Unit Letter 4 : 380 feet from	m the N line an	nd 330	feet from the	W line		
Section 5 Township	19S R	tange 26E	NMPM	Eddy	County	
507		100	2.0	400		
	11. Elevation (Show whe	ether DR, KB, BT, GI	R, etc.)			
	338	81 GR				
Pit or Below-grade Tank Application _ or Closu	ие 🗆					
Pit Type Depth to Groundwater		resh water well	Distance from	nearest surface wat	er	
	elow-Grade Tank: Volume_		s; Construction M			
	priate Box to Indicate					
NOTICE OF INTENTI			T REPORT			
PERFORM REMEDIAL WORK DEPLU	_	REMEDIAL WO		☐ ALTER		
	NGE OF PLANS	COMMENCE DR		.   PLUG A	ND ABANDON	
PULL OR ALTER CASING MUI	LTIPLE COMPL	CASING/CEMEN	T JOB	Ш		_
Other:		Other: Spud				X
13. Describe proposed or completed operations. (C	"lands: etata all partinant data	is and nive audience	datas including	assissant data of at	action and occord	-d
work.) SEE RULE 1103. For Multiple Completio					arting any propose	80
3/11/2013 Soudded well						
3/11/2013 Spudded well.						
3/11/13 Smid 11" hole @ 7PM						

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  $\square$ , a general permit  $\square$  or an (attached) alternative OCD-approved plan  $\square$ . TITLE Production Reporting Mgr DATE 3/13/2013 SIGNATURE Electronically Signed E-mail address dkuykendall@conchoresources.com Telephone No. 7443 Type or print name Diane Kuykendall For State Use Only: APPROVED BY: Randy Dade TITLE District Supervisor DATE 3/14/2013