

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 164291

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 30-015-40214
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>1</u> : <u>380</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 001H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3434 GR		9. OGRID Number 229137
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 _____		10. Pool name or Wildcat

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.
2/26/13 Spud 11 @ 7AM. 2/27/13 TD 11 @ 1235. 2/28/13 Ran 29jts 9-5/8 J55 32# @ 1235. Cmt w/1000sx C. +add., 300sx H. PD @ 8:56AM. Circ 517sx. WOC 18hrs. Test csg to 1500# for 30min ok.
3/1/13 Drill 7-7/8 hole. 3/2-5/13 Drill 7-7/8 curve. KOP @ 2280. EOC @ 3248. 3/5-8/13 Drill lateral section 3248-7424.
3/9/13 TD 7-7/8 @ 7424MD 2633TVD. Ran 168jts 5-1/2 17# L80 @ 7424.
3/10/13 Cmt 350sx C. +add ld, 150sx C. +add tl. 350sx H. PD @ 5:17PM. Circ 312sx. 3/11/13 RR. 2/26/2013 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
02/28/13	Surf		11	8.625	32	J55	0	1235	1300		C,H				Y
03/10/13	Prod		7.875	5.5	17	L80	0	7424	850		C,H				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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Production Reporting Mgr DATE 3/19/2013

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 3/20/2013 6:55:18 AM