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 168431

WELL API NUMBER	30-015-39720
5. Indicate Type of Lease	P
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	SHERMAN 4 FEE
8. Well Number	004H
9. OGRID Number	229137
10. Pool name or Wildcat	

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. Type of Well: O

2. Name of Operator: COG OPERATING LLC

3. Address of Operator: One Concho Center, 600 W. Illinois Ave, Midland, TX 79701

4. Well Location
Unit Letter P : 150 feet from the S line and 1040 feet from the E line
Section 4 Township 19S Range 26E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.): 3340 GR

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
Other:		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.

4/25/13 Spud 11" @ 10PM. 4/27/13 TD 11 @ 1234. Ran 28jts 8-5/8 J55 32# @ 1234. Cmt w/950sx C. +add, 180sx H. PD @ 4:23PM. Circ 582sx. WOC 18hrs. Test csg to 1500# for 30 min ok. 4/28/13 Drill 7-7/8 vertical section.
4/30/13 Drill 7-7/8 curve. KOP @ 2550. 5/1/13 End of curve @ 3392.
5/2-7/13 Drill lateral from 3392-7644.
5/8/13 TD 7-7/8 @ 7644MD 3018TVD. Ran 153jts 5-1/2 17# L80 @ 7643. Cmt
350sx C. +add, 150sx C. +add, 350sx H. PD @ 1:46PM. Circ 53sx. 5/10/13 RR. **4/25/2013** 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
04/27/13	Surf		11	8.625	32	J55	0	1234	1130		C,H				Y
05/08/13	Prod		7.875	5.5	17	L80	0	7643	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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Production Reporting Mgr DATE 6/11/2013

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 6/12/2013 7:08:03 AM