1625 N. French Dr., Hobbs, NM 88240	State of New Mexico			August 1, 2011			
Phone:(575) 393-6161 Fax:(575) 393-0720 District II	Energy, Minerals and Natural Resources		ural	Permit 168996			
811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720			WELL API NUMBER 30-025-41106				
District III 1000 Rio Brazos Rd., Aztec, NM 87410	ation Division						
Phone:(505) 334-6178 Fax:(505) 334-6170 1220 S St Fran			5. Indicate Type		Type of Lease		
District IV 1220 S. St Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		S				
Phone:(505) 476-3470 Fax:(505) 476-3462			6. State Oil & Gas Lease No.				
SUNDRY NOTICE	S AND REPORTS (ON WELLS		7. Lease Na	me or Unit Agreen	nent Name	
(DO NOT USE THIS FORM FOR PROPOS					GOOSE STATE	š	
A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					8. Well Number		
1. Type of Well:O				20	001H		
2. Name of Operator				9. OGRID Number			
COG PRODUCTION, LLC				217955			
3. Address of Operator				10. Pool name or Wildcat			
600 W. Illinois A	Ave, Midland, TX 79701	Ř			No. of Contract		
4. Well Location Unit Letter C : 190 feet from Section 32 Township		1980 ange 34E	feet from theNMPM	W	_line _ea County	D.	
	11. Elevation (Show whe	ther DR, KB, BT, GR 17 GR	., etc.)				
Pit or Below-grade Tank Application or Closu	ae 🗆						
Pit Type Depth to Groundwater	Distance from nearest fi				ice water		
	elow-Grade Tank: Volume_		Construction I		D-4-		
12. Check Appropriate Box to Indicate Nature of Notice, Repor NOTICE OF INTENTION TO: SUBSEQUE							
PERFORM REMEDIAL WORK PLU	REMEDIAL WOR			TER CASING	П		
TEMPORARILY ABANDON CHA	NGE OF PLANS	COMMENCE DRI	ILLING OPN	IS. PLU	UG AND ABAN	DON [
PULL OR ALTER CASING MUI	LTIPLE COMPL	CASING/CEMENT	г јов				
Other:		Other: Spud				\bowtie	
 Describe proposed or completed operations. (C work.) SEE RULE 1103. For Multiple Completio 6/5/2013 Spudded well. 					e of starting any po	roposed	

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 .

SIGNATURE Electronically Signed TITLE Production Reporting Manager DATE 6/20/2013 DIANE Type or print name $\frac{DIANL}{KUYKENDALL}$ E-mail address dkuykendall@concho.com Telephone No. 432-685-4372 For State Use Only:
APPROVED BY: Paul Kautz TITLE Geologist DATE 6/21/2013