

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 172263

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 30-025-41065
1. Type of Well: O		5. Indicate Type of Lease P
2. Name of Operator COG PRODUCTION, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name SALVADOR FEE
4. Well Location Unit Letter <u>O</u> : <u>150</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>10</u> Township <u>24S</u> Range <u>34E</u> NMPM Lea County		8. Well Number 002H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3514 GR		9. OGRID Number 217955
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 _____		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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> 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. 08/04/13 TD 7 7/8" lateral @ 15527'(KOP 10631'). Set 5 1/2" 17# P-100 csg @ 15527'. Set DVT @ 7622' Cmt 1st stage w/ 450 sx Class H. Tailed w/ 1000 sx. Circ 268 sx thru DVT. Cmt 2nd stage w/ 750 sx class C. Tailed w/ 100 sx. Circ 176 sx to surface. WOC 18 hrs.	

08/15/13 Released Rig 7/11/2013 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
07/12/13	Surf		17.5	13.375	54.5	J55	0	1173	900		C	1500			0
07/17/13	Int1		12.25	9.625	40	J55	0	5340	1450		H	1500			0
08/05/13	Prod		7.875	5.5	17	P110	0	15527	2300		C				

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 Manager DATE 8/23/2013

Type or print name DIANE KUYKENDALL E-mail address dkuykendall@concho.com Telephone No. 432-685-4372

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 8/26/2013 7:14:28 AM