Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, witherars and Natural Resources	WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-37426 5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr, Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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		SRO State Unit
PROPOSALS)	·	8. Well Number
<ol> <li>Type of Well: Oil Well</li> <li>Name of Operator</li> </ol>	Gas Well Other	9. OGRID Number
COG Operating LLC		229137
3. Address of Operator 2208 W. Main Street, Artesia,	NM 88210	10. Pool name or Wildcat Hay Hollow; Bone Spring
4. Well Location		
Unit Letter M	: 660 feet from the South line and	
Section 10	Township 26S Range 2.11. Elevation (Show whether DR, RKB, RT, GR,	28E NMPM Eddy County
3025'		
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		
TEMPORARILY ABANDON  PULL OR ALTER CASING	CHANGE PLANS	DRILLING OPNS.☐ P AND A ☐
DOWNHOLE COMMINGLE	WOLTH EL COMP E	
OTHER:	□ OTHER:	Ran Tubing
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed		
completion or recompletion.		
6/9/11 Set 2 7/8" J-55 tbg & pkr @ 6240'.		
JUN 14 2011		
		NMOCD ARTESIA
Spud Date: 10/11/1	0 Rig Release Date:	10/28/10
Space Date.	Idg Release Date.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE: Regulatory Analyst DATE: 6/10/11		
Type or print name: Stormi Davis E-mail address: sdavis@conchoresources.com PHONE: (575) 748-6946		
For State Use Only ^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
APPROVED BY: DOUGH What TITLE Field Supervisor DATE 6-20-1		
Conditions of Approval (if any):		