Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources District I – (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-35150 OIL CONSERVATION DIVISION 811 S First St, Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. **FEE** STATE 🖂 1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 6. State Oil & Gas Lease No. 1220 S St Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES 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 Red Ryder State DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 1. Type of Well: Oil Well Gas Well Other 8. Well Number 2. Name of Operator 9. OGRID Number COG Operating LLC 229137 3. Address of Operator 10. Pool name or Wildcat 2208 W. Main Street, Artesia, NM 88210 Hay Hollow; Bone Spring, North 4. Well Location Unit Letter 1320 feet from the North line and feet from the line Section · 25 Township 25S Range 27E **NMPM** Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3015' GR 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 ☐ ALTERING CASING ☐ **CHANGE PLANS** \Box TEMPORARILY ABANDON COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL П CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: OTHER: Acidize 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. 1/10/12 to 1/25/12 MIRU WSU. Rods parted. Fish, swab & cut paraffin. RIH w/bit & scraper & clean out. Circulate clean. 1/26/12 Acdz Bone Spring 8178-8204' w/2500 gal 15% HCl. 1/30/12 to 1/31/12 Set 2 7/8" 6.5# J-55 tbg @ 8291'. Place well on pump. RECEIVED FEB 1 3 2012 Spud Date: Rig Release Date: NMOCD ARTESIA I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE: Regulatory Analyst DATE: 2/10/12 **SIGNATURE** Type or print name: Stormi Davis E-mail address: <u>sdavis@concho.com</u> PHONE: (575) 748-6946 For State Use Only TITLE DIST B Spenish APPROVED BY: 7

Conditions of Approval (if any):