

|                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------|-----------------|-------------------------|----------|---------------|
| Submit To Appropriate District Office<br>Two Copies<br>District I<br>1625 N. French Dr., Hobbs, NM 88240<br>District II<br>811 S. First St., Artesia, NM 88210<br>District III<br>1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV<br>1220 S. St. Francis Dr., Santa Fe, NM 87505                                                                         |                      | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><br><b>Oil Conservation Division</b><br><b>1220 South St. Francis Dr.</b><br><b>Santa Fe, NM 87505</b> |                        |                                                                                                            | <b>Form C-105</b><br>Revised August 1, 2011 |                                                                               |                 |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      | 1. WELL API NO.                                                                                                                                                                       |                        | 30-015-39387                                                                                               |                                             |                                                                               |                 |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      | 2. Type of Lease                                                                                                                                                                      |                        | <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN |                                             |                                                                               |                 |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      | 3. State Oil & Gas Lease No                                                                                                                                                           |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| <b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| 4. Reason for filing                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                       |                        | 5. Lease Name or Unit Agreement Name                                                                       |                                             |                                                                               |                 |                         |          |               |
| <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)<br><br><input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19 15.17 13 K NMAC) |                      |                                                                                                                                                                                       |                        | Birdseye 32 State                                                                                          |                                             |                                                                               |                 |                         |          |               |
| 7. Type of Completion:                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                       |                        | 6. Well Number:                                                                                            |                                             |                                                                               |                 |                         |          |               |
| <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER                                                                                                                              |                      |                                                                                                                                                                                       |                        | 4H                                                                                                         |                                             |                                                                               |                 |                         |          |               |
| 8. Name of Operator                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                       |                        | 9. OGRID                                                                                                   |                                             |                                                                               |                 |                         |          |               |
| COG Operating LLC                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                       |                        | 229137                                                                                                     |                                             |                                                                               |                 |                         |          |               |
| 10. Address of Operator                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                       |                        | 11. Pool name or Wildcat                                                                                   |                                             |                                                                               |                 |                         |          |               |
| 2208 W. Main Street                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                       |                        | Gatuna Canyon; Bone Spring                                                                                 |                                             |                                                                               |                 |                         |          |               |
| Artesia, NM 88210                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| 12. Location                                                                                                                                                                                                                                                                                                                                                 | Unit Ltr             | Section                                                                                                                                                                               | Township               | Range                                                                                                      | Lot                                         | Feet from the                                                                 | N/S Line        | Feet from the           | E/W Line | County        |
| Surface:                                                                                                                                                                                                                                                                                                                                                     | M                    | 32                                                                                                                                                                                    | 19S                    | 31E                                                                                                        |                                             | 330                                                                           | South           | 330                     | West     | Eddy          |
| BH:                                                                                                                                                                                                                                                                                                                                                          | D                    | 32                                                                                                                                                                                    | 19S                    | 31E                                                                                                        |                                             | 345                                                                           | North           | 419                     | West     | Eddy          |
| 13. Date Spudded                                                                                                                                                                                                                                                                                                                                             | 14. Date T D Reached | 15. Date Rig Released                                                                                                                                                                 |                        | 16. Date Completed (Ready to Produce)                                                                      |                                             | 17. Elevations (DF and RKB, RT, GR, etc.)                                     |                 | 3440' GR                |          |               |
| 10/5/11                                                                                                                                                                                                                                                                                                                                                      | 10/23/11             | 10/25/11                                                                                                                                                                              |                        | 12/8/11                                                                                                    |                                             |                                                                               |                 |                         |          |               |
| 18. Total Measured Depth of Well                                                                                                                                                                                                                                                                                                                             |                      | 19. Plug Back Measured Depth                                                                                                                                                          |                        | 20. Was Directional Survey Made?                                                                           |                                             | 21. Type Electric and Other Logs Run                                          |                 | CNL, GR/CBL             |          |               |
| 13351'                                                                                                                                                                                                                                                                                                                                                       |                      | 13338'                                                                                                                                                                                |                        | Yes                                                                                                        |                                             |                                                                               |                 |                         |          |               |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 | 9060-13326' Bone Spring |          |               |
| <b>23. CASING RECORD (Report all strings set in well)</b>                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| CASING SIZE                                                                                                                                                                                                                                                                                                                                                  |                      | WEIGHT LB./FT                                                                                                                                                                         |                        | DEPTH SET                                                                                                  |                                             | HOLE SIZE                                                                     |                 | CEMENTING RECORD        |          | AMOUNT PULLED |
| 13 3/8"                                                                                                                                                                                                                                                                                                                                                      |                      | 48#                                                                                                                                                                                   |                        | 535'                                                                                                       |                                             | 17 1/2"                                                                       |                 | 450 sx                  |          | 0             |
| 9 5/8"                                                                                                                                                                                                                                                                                                                                                       |                      | 36#                                                                                                                                                                                   |                        | 4285'                                                                                                      |                                             | 12 1/4"                                                                       |                 | 2700 sx                 |          | 0             |
| 5 1/2"                                                                                                                                                                                                                                                                                                                                                       |                      | 17#                                                                                                                                                                                   |                        | 13351'                                                                                                     |                                             | 7 7/8"                                                                        |                 | 1850 sx                 |          | 0             |
|                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| 24. LINER RECORD                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | 25. TUBING RECORD                                                             |                 |                         |          |               |
| SIZE                                                                                                                                                                                                                                                                                                                                                         | TOP                  | BOTTOM                                                                                                                                                                                | SACKS CEMENT           | SCREEN                                                                                                     | SIZE                                        | DEPTH SET                                                                     | PACKER SET      |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            | 2 7/8"                                      | 8515'                                                                         |                 |                         |          |               |
| 26. Perforation record (interval, size, and number)                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.                               |                 |                         |          |               |
| 9060-13326' (368)                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | DEPTH INTERVAL                                                                |                 |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | AMOUNT AND KIND MATERIAL USED                                                 |                 |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | 9060-13326' Acdz w/24192 gal 7 1/2%; Frac w/2907593# sand & 2429339 gal fluid |                 |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
|                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| <b>28. PRODUCTION</b>                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| Date First Production                                                                                                                                                                                                                                                                                                                                        |                      | Production Method (Flowing, gas lift, pumping - Size and type pump)                                                                                                                   |                        |                                                                                                            |                                             | Well Status (Prod or Shut-in)                                                 |                 |                         |          |               |
| 12/11/11                                                                                                                                                                                                                                                                                                                                                     |                      | Pumping                                                                                                                                                                               |                        |                                                                                                            |                                             | Producing                                                                     |                 |                         |          |               |
| Date of Test                                                                                                                                                                                                                                                                                                                                                 | Hours Tested         | Choke Size                                                                                                                                                                            | Prod'n For Test Period | Oil - Bbl                                                                                                  | Gas - MCF                                   | Water - Bbl                                                                   | Gas - Oil Ratio |                         |          |               |
| 12/12/11                                                                                                                                                                                                                                                                                                                                                     | 24                   | 28/64"                                                                                                                                                                                |                        | 379                                                                                                        | 330                                         | 2074                                                                          |                 |                         |          |               |
| Flow Tubing Press.                                                                                                                                                                                                                                                                                                                                           | Casing Pressure      | Calculated 24-Hour Rate                                                                                                                                                               | Oil - Bbl              | Gas - MCF                                                                                                  | Water - Bbl.                                | Oil Gravity - API - (Corr)                                                    |                 |                         |          |               |
| 550#                                                                                                                                                                                                                                                                                                                                                         | 110#                 |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc)                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | 30. Test Witnessed By                                                         |                 |                         |          |               |
| Sold                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | Adam Olguin                                                                   |                 |                         |          |               |
| 31. List Attachments                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | DEC 20 2011                                                                   |                 |                         |          |               |
| Logs, Deviation Report, Directional Surveys                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | Accepted for record                                                           |                 |                         |          |               |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | NMOCD ARTESIA                                                                 |                 |                         |          |               |
| 33. If an on-site burial was used at the well, report the exact location of the on-site burial:                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | NMOCD                                                                         |                 |                         |          |               |
| Latitude                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             | Longitude                                                                     |                 | NAD 1927 1983           |          |               |
| I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief                                                                                                                                                                                                                           |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| Signature                                                                                                                                                                                                                                                                                                                                                    |                      | Printed Name:                                                                                                                                                                         |                        | Title                                                                                                      |                                             | Regulatory Analyst                                                            |                 | Date: 12/13/11          |          |               |
| Stormi Davis                                                                                                                                                                                                                                                                                                                                                 |                      | Stormi Davis                                                                                                                                                                          |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |
| E-mail Address: sdavis@concho.com                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                       |                        |                                                                                                            |                                             |                                                                               |                 |                         |          |               |

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

| Southeastern New Mexico |                        |  | Northwestern New Mexico |                  |
|-------------------------|------------------------|--|-------------------------|------------------|
| T. Anhy                 | T. Canyon              |  | T. Ojo Alamo            | T. Penn A"       |
| T. Salt 617'            | T. Strawn              |  | T. Kirtland             | T. Penn. "B"     |
| B. Salt 1891'           | T. Atoka               |  | T. Fruitland            | T. Penn. "C"     |
| T. Yates 2029'          | T. Miss                |  | T. Pictured Cliffs      | T. Penn. "D"     |
| T. 7 Rivers 2378'       | T. Devonian            |  | T. Cliff House          | T. Leadville     |
| T. Queen                | T. Silurian            |  | T. Menefee              | T. Madison       |
| T. Grayburg             | T. Montoya             |  | T. Point Lookout        | T. Elbert        |
| T. San Andres           | T. Simpson             |  | T. Mancos               | T. McCracken     |
| T. Glorieta             | T. McKee               |  | T. Gallup               | T. Ignacio Otzte |
| T. Paddock              | T. Ellenburger         |  | Base Greenhorn          | T. Granite       |
| T. Blinbry              | T. Gr. Wash            |  | T. Dakota               |                  |
| T. Tubb                 | T. Delaware Sand 4331' |  | T. Morrison             |                  |
| T. Drinkard             | T. Bone Springs 6758'  |  | T. Todilto              |                  |
| T. Abo                  | T.                     |  | T. Entrada              |                  |
| T. Wolfcamp             | T.                     |  | T. Wingate              |                  |
| T. Penn                 | T.                     |  | T. Chinle               |                  |
| T. Cisco (Bough C)      | T.                     |  | T. Permian              |                  |

## OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....

No. 2, from.....to.....

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....

No. 2, from.....to.....feet.....

No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To | Thickness<br>In Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |