Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 – (575) 393-6161	Energy, Minerals and Natural Resour	
1625 N. French Dr , Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S First St, Artesia, NM 88210	OIL CONSERVATION DIVISION	ON 30-015-39672
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Saina 1 C, 14141 67505	6. State Oil & Gas Lease No.
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ICATION FOR PERMIT" (FORM C-101) FOR SUCH	
1. Type of Well: Oil Well	Gas Well Other	8. Well Number
2. Name of Operator COG Operating LLC		9. OGRID Number 229137
		10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210		Hay Hollow; Bone Spring, North
4. Well Location		
Unit LetterM	:330 feet from theSouth line	e and 330 feet from the West line
Section 20	Township 25S Range	28E NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, 3013' GR	GR, etc.)
12. Check	Appropriate Box to Indicate Nature of N	Notice, Report or Other Data
NOTICE OF IN	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ P AND A ☐		
PULL OR ALTER CASING	MULTIPLE COMPL	CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	□ OTHER:	Completion Operations
		etails, and give pertinent dates, including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For Mult	tiple Completions: Attach wellbore diagram of
	te Bone Spring 8153-12271'. Acdz w/24506 ga	al 7 1/2% acid. Frac w/2866435# sand & 2277269 gal
fluid.		
4/15/12 Began flowing back & testing.  RECEIVED		
4/24/12 Set 2.7/8" 6.5# L-80 thg @ 7343' & 5.1/2" nkr @ 7335'		
		MAY <b>0 1</b> 2012
		NMOCD ARTESIA
Spud Date: 1/28/1:	Rig Release Date:	3/15/12
II. 1	about is two and complete to the back of the last	11.1.6
i nereby certify that the information	a above is true and complete to the best of my ki	nowledge and belief.
Je		
SIGNATURE SIGNATURE	TITLE: Regulatory A	Analyst DATE: 4/30/12
Type or print name: Stormi Da	avis E-mail address: sdavis	@concho.com PHONE: (575) 748-6946
For State Use Only		
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ADDROVED BY	hand son	of stellana
APPROVED BY:( Conditions of Approval (if any):	Shghard TITLE 600/01	115T DATE 5/4/2012