

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-33964
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.

**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.)  
1. Type of Well: Oil Well ☐ Gas Well ☒ Other

7. Lease Name or Unit Agreement Name State 11 com
8. Well Number 002

2. Name of Operator  
**COG Operating LLC**

9. OGRID Number 229137
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3. Address of Operator  
550 W. Texas Ave., Suite 1300 Midland, TX 79701

10. Pool name or Wildcat Turkey Track; Morrow (Gas) 86480
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Well Location  
Unit Letter A : 660 feet from the North line and 660 feet from the East line  
Section 11 Township 19S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3419 GR

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 _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Spud well. Set and cement surface casing <input checked="" type="checkbox"/>
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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.

4-2-05 Spud 17-1/2" hole @ 6 AM MST 4/2/05. Notify Jerry Guy of OCD @ 9:30 AM MST 4/2/05.  
TD 17-1/2" hole @ 485' @ 5 PM 4-2-05. Notify Jerry Guy of OCD @ 7 PM MST 4/2/05 of intent to run surface casing and cement.  
  
Ran 12 jts of 13-3/8" 48# H-40 STC 8rd casing set @ 485'. Cemented with 500 sx Class C + additives.  
14.8#, Yield 1.34. Bump plug @ 10:24 PM 4/2/05. Circulated 50 sx to pit. WOC 22 hours. Cut off 13-3/8" casing and NU BOP. Test csg to 1300# - OK. Test csg & BOP to 1300#.

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 Phyllis A. Edwards TITLE Regulatory Analyst DATE 4/20/05

Type or print name Phyllis A. Edwards E-mail address: pedwardsl@conchoresources.com Telephone No. 432-685-4340  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any):

FOR RECORDS ONLY

APR 22 2005