

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.)		7. Lease Name or Unit Agreement Name State 11 com
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		8. Well Number 002
2. Name of Operator COG Operating LLC		9. OGRID Number 229137
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701		10. Pool name or Wildcat Turkey Track; Morrow (Gas) 86480
Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>11</u> Township <u>19S</u> Range <u>28E</u> NMPM County <u>Eddy</u>		
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

NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: 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: _____ Completion <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.

06-06-05 RIH w/ pkr & tbg. Tag @ 8345'.
06-07-05 Tag PBTD @ 11,210'.
06-13-05 PU & RIH w/ tbg & pkr. Set pkr @ 10,728'.
06-14-05 Perf Morrow 11,120' to 11,140' w/ 2 SPF (20' - 41 holes). Swab well.
06-17-05 Acidize perms from 11,120' - 11,140' w/ 2000 gal 7-1/2% morrow acid w/ 20% Methanol and nitrogen. Turn to production.
06-23-05 Ran press bombs & SIFBU.
06-28-05 POH w/ bombs & turn to production.
07-06-05 Frac Morrow perms (11,120' - 11,140') w/ 31,700 gallons Quality Binary foam. Flow test well.
07-25-05 Perf Morrow 11,040' - 11,054' w/ 2 SPF (14' - 29 total holes). Turn to production.

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 8/5/05

Type or print name Phyllis A. Edwards E-mail address: pedwards1@conchoresources.com Telephone No. 432-685-4340
For State Use Only

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