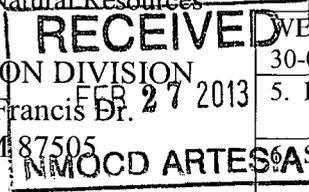


Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

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



WELL API NO.
 30-015-27260

5. Indicate Type of Lease
 STATE FEE

6. 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

2. Name of Operator
 COG Operating LLC

3. Address of Operator
 One Concho Center, 600 W. Illinois Avenue, Midland, TX 79701

4. Well Location
 Unit Letter A : 660 feet from the North line and 330 feet from the East line
 Section 28 Township 17S Range 29E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3545' GR

7. Lease Name or Unit Agreement Name
 GJ West Coop Unit

8. Well Number: 109

9. OGRID Number: 229137

10. Pool name or Wildcat
 GJ;7RVS-QN-GB-Glorieta-Yeso (97558)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>

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.

11/13/12 Pushed cbp to 4990'. TIH w/ plug and packer to 3281'. Set rbp and packer. Test rbp to 1000 psi. Unset packer and test casing to 500 psi for 15 minutes. Held good

11/14/12 TIH W/ HES EZ DRILL RETAINER TO 4626'. PERFS 4665-4797'. PUMP 200 SACKS HALCEM, TIH W/ HES EZ DRILL RETAINER TO 3628'. PERFS 3968-4271'. Pump 300 SACKS HALCEM, STUNG OUT OF RETAINER

11/16/12 Drilled out cmt 3316-4796

11/20/12 Drill formation 5060-5560

11/28/12 RIH W/ FLOAT SHOE, 1 JT 4" UFJ CSG, FLOAT COLLAR, CENT, 1 JT, CENT, 6 JTS, CENT, 1 JT, CENT, 6 JTS, CENT, 1 JT, CENT, 5 JTS, CENT, 1 JT, CENT, 1 JT, DV TOOL, & 102 JTS. Set @ 5560', pump 100 sx Cl C Hal cem, open tool, circ 67 sx to pit

11/29/12 Drill DV tool, install frac valve, test valve and csg to 5000 psi 30 min, 8000 psi for 5 min, test good

12/04/12 PBDT 5471, perf 5040-5240, 1spf 26 shots, acidize w/2500 gal 15%, frac w/110,849 gals gel carrying 140,977# 16/30 brown w/18,353# 16/30 siber. Perf 4770-4970, 1spf 26 shots, acidize w/2500 gal 15%, frac w/100,923 gals gel carrying 13,2384# 16/30 brown w/12,409# 16/30 siber, perf 4539-4729, acidize w/2500 gal 15%, frac w/156,225 gals gel carrying 156,225# 16/30 brown w/ 57,040# 16/30 siber,

12/07/12 tag sand @ 4590, circ clean to PBDT @ 5497

12/12/12 RIH WITH 2 7/8" BP, 2 JTS. 2 7/8" J55 TBG, D-2705-G DESANDER, SN, 4 JTS. TBG., 2 7/8" X 51/2" TAC, 2 JTS. TBG., 2' MK SUB, 130 JTS. TBG. (138 TOTAL JTS. 2 7/8" J55 TBG.) EOT @4467, SN @4382

12/14/12 RIH : 2 1/2" X 1 1/2" X 12' RHBC-HVR-TS' ROD PUMP (GYS # B-484), 1" X 1' PU SUB, (7) 1 1/2" C-BARS, (166) 3/4" N90 STEEL RODS, 3/4" SUBS 2,4,6,8', 1 1/2" x 21' SMPR, hang well, turn over to production

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Brian Maiorino TITLE Regulatory Analyst DATE 2/25/13

Type or print name Brian Maiorino E-mail address: bmaiorino@concho.com PHONE: 432-221-0467

For State Use Only

APPROVED BY: [Signature] TITLE Dist. Reg. Analyst DATE 2/27/13