

NM OIL CONSERVATION

Submit 1 Copy To Appropriate District Office
ARTESIA DISTRICT State of New Mexico
Energy, Minerals and Natural Resources
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

Form C-103
Revised July 18, 2013

JUL 24 2014

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

WELL API NO. 30-015-42029
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Kudu Fee
8. Well Number 1H
9. OGRID Number 229137
10. Pool name or Wildcat Loving; Delaware
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3117' GR

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
2208 W. Main Street, Artesia, NM 88210

4. Well Location
Unit Letter O : 200 feet from the South line and 2350 feet from the East line
Section 13 Township 24S Range 27E NMPM Eddy County

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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion Operations <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.

5/1/14 to 6/3/14 Set test plug & test to 9500#. Good test. Load & test intermediate to 1425#. Good test. Perforate Delaware 5962-10540' (343). Acids w/69402 gal 7 1/2% acid. Frac w/3351294# sand & 2884560 gal fluid.

6/11/14 to 6/12/14 Drilled out plugs. Circulate clean.

6/14/14 Set 2 7/8" 8RD J-55 tbg @ 5313'. Place well on pump.

6/15/14 Began flowing back & testing.

Spud Date: 4/4/14

Rig Release Date: 4/22/14

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

SIGNATURE Stormi Davis TITLE: Regulatory Analyst DATE: 7/23/14
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only
APPROVED BY: RD Dade TITLE: Assistant Supervisor DATE: 7/24/14
Conditions of Approval (if any):