

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-41788
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name MYOX 6 State Com
4. Well Location Unit Letter <u>C</u> : <u>190</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>6</u> Township <u>26S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number 3H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3068' GR		9. OGRID Number 229137
		10. Pool name or Wildcat Hay Hollow; Bone Spring

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <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.

5/6/14 to 5/10/14 MIRU. Load & test 9 5/8" x 5 1/2" annulus to 1500#. Test good. Drill out FC, FS & new formation to new TD @ 17761'. Perforate Bone Spring 17575-17585' (60). Perform injection test.

5/23/14 to 6/2/14 Perforate Bone Spring 8103-17527' (1152). Acidz w/203410 gal 7 1/2% acid. Frac w/12,942,617# sand & 11,519,928 gal fluid.

6/4/14 Began flowing back & testing.

6/17/14 to 6/26/14 Drill out all frac plugs. Circulate clean. Set 2 7/8" 6.5# 1-80 tbg @ 8071' & pkr @ 7400'. Installed gas lift system.

Spud Date: 3/3/14

Rig Release Date: 4/3/14

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

For State Use Only

APPROVED BY: DR Dade TITLE: Dist H Supervisor DATE: 8-15-2014  
Conditions of Approval (if any):