

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. 30-015-34438
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 USP FEE
8. Well Number 2
9. OGRID Number 229137
10. Pool name or Wildcat Harroun Ranch; Delaware, NE

Pit or Below-grade Tank Application ☐ or Closure ☐

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 _____

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
550 W. Texas Ave., Suite 1300

4. Well Location
Unit Letter **D** : **319'** feet from the **North** line and **946'** feet from the **West** line
Section **16** Township **23S** Range **29E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2957' GR

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: RECOMPLETION <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.

07/24/07 Set CIBP @ 12,100' and capped w/ 35' cmt.
07/25/07 Set 35 sx cmt plug from 10,300 - 10,100. Set 25 sx cmt plug from 7,106' - 6956'. New PBTD 6956'.
07/26/07 Perforated Delaware W/ 2 SPF, 40 holes @ 5544' - 60', 5563' - 65'.
07/30/07 Acidized w/ 2000 gals acid.
08/01/07 Fraced w/ 50,000 gals gel, 126,770# 16/30 sand.
08/04/07 RIH W/ 171 jts 6.5# P110 2-7/8 tubing, SN @ 5612. Swabbing well.
08/11/07 Well SI.
08/22/07 RIH w/ 2.5 x 1.5 x 24 pump. Pumping to frac tanks.
08/27/07 SI WO battery facility.
10/16/07 Start well pumping at 9:30 am.

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 TITLE Regulatory Analyst DATE 10/26/07

Type or print name Kanicia Carrillo E-mail address: kcarrillo@conchoresources.com Telephone No. 432-685-4332
For State Use Only

FOR RECORDS ONLY

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

NOV 05 2007