

State of New Mexico  
Energy, Minerals and Natural ResourcesForm C-103  
May 27, 2004

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

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

WELL API NO. 30-015-25089
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1266
7. Lease Name or Unit Agreement Name GJ West Coop Unit
8. Well Number 63
9. OGRID Number 229137
10. Pool name or Wildcat Grayburg Jackson; 7RVS-QN-G-SA/Empire; Yeso, East

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator COG Operating LLC	
3. Address of Operator 550 W Texas, Suite 1300, Midland, TX 79701	
4. Well Location Unit Letter <u>M</u> <u>330</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>West</u> line Section <u>22</u> Township <u>17S</u> Range <u>29E</u> NMPM County <u>Eddy</u>	
5. Elevation (Show whether DR, RKB, RT, GR, etc.) 3543.2 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth 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: Amended Completion <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

## Additional Completion Information:

12-04-84 Perforated from 3920-4167' 17 holes.  
 12-05-84 Acidized w/1000 gals 15% NE.  
 12-10-84 Set CIBP @ 3850'. Perforated from 2572-3256'. Acidized w/4000 gals 15% NE.  
 12-11-84 Frac w/175,000 gals gel, 1450sx 20/40 sand, 1300sx 12/20 sand, 300sx 8/16 sand.  
 12-12-84 Perforated from 2235-2390'. Acidized w/1000 gals 15% NE.  
 12-13-84 Frac w/40,000 gals gel, 300sx 20/40 sand, 200sx 12/20 sand.  
 12-14-84 RIH w/ 2 7/8 tubing SN @ 3282, RIH w/pump.

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 NMOC guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Diane Kuykendall TITLE Production Analyst DATE 9/1/06

Type or print name Diane Kuykendall E-mail address: dkuykendall@conchoresources.com Telephone No. (432)683-7443

For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE \_\_\_\_\_ DATE JUL 11 2006  
 Conditions of Approval (if any):