Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd, Aztec, NM 87410 <u>District IV</u> 1220 S St Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		JUN − 1 2009 WELL API NO. 30-015-03167 5. Indicate Type of Lease STATE 6. State Oil & Gas Lease	FEE
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			7. Lease Name or Unit Agreement Name GJ West Coop Unit 8. Well Number 017 9. OGRID Number	
COG Operating LLC 3. Address of Operator 550 W. Texas Ave., Suite 1300 M	idland, TX 79701		229137 10. Pool name or Wildca GJ;7RVS-QN-GB-Glorie	
4. Well Location Unit Letter A: 330 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.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ REMEDIAL WORK □ ALTERING CASING □ COMMENCE DRILLING OPNS.□ P AND A □ CASING/CEMENT JOB □ CASING/CEM				
OTHER. Return to Production 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.				
5/9/09 MIRU. TOOH w/ rods. Pump was parted. One rod bent NU BOP TOOH w/ tbg. Found two bad jts. 5/12/09 Open well up. TIH w/ tubing. Hot water tubing w/ 30 bbls. ND BOP. NU well head. TIH w/pump and rods. Hang well on. Load and test.				
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Spud Date: 10/27/59	Rig Relea	se Date: 12/16/59		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE Regulatory Analyst DATE 05/29/09				
Type or print name Kanicia Carrillo E-mail address: kcarrillo@conchoresources.com PHONE: 432-685-4332 For State Use Only				
APPROVED BY: Acqui heres TITLE Cacologis DATE 6/2/2002 Conditions of Approval (if any):				