

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

<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. <b>30-015-35913</b>
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 <b>COG Operating LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>550 W. Texas Ave., Suite 1300 Midland, TX 79701</b>		7. Lease Name or Unit Agreement Name <b>TEX-MACK</b>
4. Well Location Unit Letter <u>O</u> : <u>970</u> feet from the <u>South</u> line and <u>2280</u> feet from the <u>East</u> line Section <u>2</u> Township <u>17S</u> Range <u>31E</u> NMPM County <u>Eddy</u>		8. Well Number <b>201</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3978' GR</u>		9. OGRID Number <b>229137</b>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat <b>FREN; GLORIETA-YESO, EAST</b>
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 _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

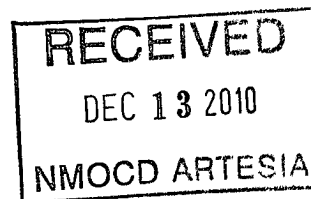
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Completion ☒

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.

11/4/10 Test csg to 3500#.  
11/5/10 Perf Lower Blinbry @ 6300-6500 w/ 1 SPF, 26 holes.  
11/8/10 Acidize w/2,500 gals acid. Frac w/56,000 gals gel, 5,270# 16/30 Texas Gold, Set Plug @ 6260. Perf Middle Blinbry @ 6030-6230 w/1 SPF, 26 holes. Acidize w/2,500 gals acid. Frac w/145,000 gals gel, 190,000# 16/30 Texas Gold, 44,000# 20/40 SLC Set comp plug @ 5990. Perf Upper Blinbry @ 5760-5960 w/ 1 SPF, 26 holes. Acidize w/2,500 gals acid. Frac w/149,000 gals gel, 183,705# 16/30 Texas Gold, 44,000# 20/40 SLC. Plug @ 5548. Perf Paddock @ 5243-5518 w/1 SPF, 26 holes. Acidize w/3,000 gals acid. Frac w/93,000 gals gel, 122,640# 16/30 Texas Gold, 19,720# 20/40 SLC.  
11/15/10 Drill out plugs. Clean out to PBTD 6659.  
11/16/10 RIH w/198jts 2-7/8" 6.5# J55 tbg, SN @ 6275.  
11/17/10 RIH w/ 2-1/2"x2"x24" RHTC pump. Hang on well.



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 C. Jackson TITLE Regulatory Analyst DATE 12/7/10

Type or print name Chasity Jackson E-mail address: cjackson@conchoresources.com Telephone No. 432-686-3087  
**For State Use Only**

APPROVED BY: David Bay TITLE Field supervisor DATE 12-16-10  
Conditions of Approval (if any):