

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

HOBBS OCD
 JUN 28 2017
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State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator COG Operating LLC</p> <p>3. Address of Operator 2208 W. Main Street, Artesia, NM 88210</p> <p>4. Well Location Unit Letter <u> A </u> : <u> 190 </u> feet from the <u> North </u> line and <u> 380 </u> feet from the <u> East </u> line Section <u> 29 </u> Township <u> 24S </u> Range <u> 35E </u> NMPM <u> Lea </u> County</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3309' GR</p>	<p>WELL API NO. 30-025-42782</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name Viking Helmet State Com</p> <p>8. Well Number 1H</p> <p>9. OGRID Number 229137</p> <p>10. Pool name or Wildcat WC-025 G-09 S243532M; Wolfbone</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: Completion Operations <input checked="" type="checkbox"/></p>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

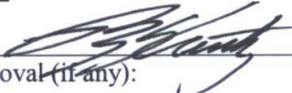
- 4/14/17 Test annulus to 1500#. Good test. Set CBP @ 19470'. Test csg to 8611#. Perf 19435-19445'. Injection test.
- 5/3/17 to 5/12/17 Perf 12557-19395' (1980). Acdz w/138,642 gal 7 1/2% acid. Frac w/17,226,195# sand & 16,501,506 gal fluid.
- 5/22/17 to 5/24/17 Drilled out frac plugs. Clean down to CBP @ 19470'.
- 5/26/17 Set 2 7/8" 6.5# L-80 tbg @ 11538' & pkr @ 11529'. Installed gas-lift system.
- 6/5/17 Began flowing back & testing.

Spud Date: 3/5/17 Rig Release Date: 4/8/17

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE: Regulatory Analyst DATE: 6/19/17
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY:  TITLE Petroleum Engineer DATE 06/29/17
 Conditions of Approval (if any): _____