

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720
District II
1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
Permit 35045

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: ☐		WELL API NUMBER 30-015-34830
		5. Indicate Type of Lease S
		6. State Oil & Gas Lease No.
2. Name of Operator COG OPERATING LLC	7. Lease Name or Unit Agreement Name STATE S-19	8. Well Number 028
3. Address of Operator 550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701	9. OGRID Number 229137	10. Pool name or Wildcat
4. Well Location Unit Letter <u>K</u> : <u>2310</u> feet from the <u>S</u> line and <u>1890</u> feet from the <u>W</u> line Section <u>19</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3678 GR.		
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 _____		

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 OF PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
CASING/CEMENT JOB ☐
Other: **Drilling/Cement** ☒

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.
7-12-06 Spud 17-1/2 @ 9pm. 7-13-06 TD 17-1/2 @ 325. Ran 8jts 13-3/8" 48# H40 @ 324. Cmt w/400 sx C. Plug down @ 11:15am. Circ 100sx. WOC 18 hrs. Test csg to 1800# for 30 min-held OK. 7-14-06 TD 12-1/4 hole @ 800. Run 18jts 8-5/8" 24# J55 csg @ 794'. 7-15-06 Cmt w/500sx C. Tail w/200sx C. Plug down @ 3:08am. Circ 143sx. WOC 12 hrs. Tested csg to 600# for 20 min-held OK. 7-24-06 TD 7-7/8" @ 5480. Run 125jts 5-1/2" 17# J55 @ 5475. 7-25-06 Cmt 1st stg w/500sx C. 7-26-06 Cmt 2nd stg w/200sx C. Tail w/800sx C. Plug down @ 3:30pm. Circ 169sx. WOC 12 hrs. Tested csg to 600# for 20 min-held OK. 7/12/2006 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
07/13/06	Surf		17.5	13.375	48		0	324	400		C				Y
07/14/06	Int1		12.25	8.625	24		0	794	500		C				Y
07/24/06	Prod		7.875	5.5	17		0	5475	1500		C				Y

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 Electronically Signed _____ TITLE Regulatory Analyst _____ DATE 7/28/2006
Type or print name Diane Kuykendall _____ E-mail address dkuykendall@conchoresources.com _____ Telephone No. 432-685-4372

For State Use Only:
APPROVED BY: Bryan Arrant TITLE Geologist DATE 7/31/2006 10:26:31 AM

Drilling Comments

OGRID: [229137] COG OPERATING LLC

Permit Number: 35045

Permit Type: Drilling

Created By	Comment	Comment Date
BArrant	Operator to test casing for minumum time period of 30 minures per the NMOCD Rule 19.15.3.107(I)(1). When using option 2 of NMOCD Rule 107, operator is to follow the procedures of Option (2)of NMOCD Rule 19.15.3.107(H) and submit data to NMOCD District's II office.	7/31/2006