

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 42243

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 30-015-34829
		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
3. Address of Operator 550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701		8. Well Number 027
4. Well Location Unit Letter <u>O</u> : <u>330</u> feet from the <u>S</u> line and <u>2185</u> feet from the <u>E</u> line Section <u>19</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		9. OGRID Number 229137
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3644 GR.		10. Pool name or Wildcat
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.
10-29-06 Sp 17-1/2 @ 4:30pm. 10-30-06 TD 17-1/2 @ 322. Ran 8jts 13-3/8 48# H40 @ 320'. Cmt w/350sx C. PD @ 10:40am. Circ 180sx. WOC 18 hrs. Test csg to 1800# for 30 min-OK.
11-1-06 TD 12-1/4 @ 864'. Ran 20jts 8-5/8 24# J55 csg @ 864'. Cmt w/400sx C. Tail w/200sx C. PD @ 7:00pm. Circ 150sx. WOC 12 hrs. Test csg to 600# for 20min-OK.
11-12-06 TD 7-7/8 @ 4:15pm. 11-14-06 Ran 123jts 5-1/2" 17# J55 csg @ 5454'. Cmt 1st stg w/700sx C. Cmt 2nd stg w/200sx C. Tail w/735sx C. PD @ 6:15pm. Circ 146sx. WOC 12 hrs. Test csg to 600# for 20min-OK. 10/29/2006 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
10/30/06	Surf		17.5	13.375	48		0	320	350		C				Y
11/01/06	Int1		12.25	8.625	24		0	864	600		C				Y
11/14/06	Prod		7.875	5.5	17		0	5454	1635		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 11/22/2006
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 11/27/2006 7:32:40 AM