

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 44249

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 30-025-38515
		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 JELLY BELLY 12 STATE
3. Address of Operator 550 W TEXAS, , SUITE 1300 MIDLAND, TX 79701		8. Well Number 001
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>W</u> line Section <u>12</u> Township <u>18S</u> Range <u>35E</u> NMPM Lea County		9. OGRID Number 229137
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3890 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.
11-19-06 Dr 17-1/2" to 440'. Ran 11jts of 13-3/8" 48# H40 @ 440'. Cmt w/165sx C. 11-20-06 Tail w/200sx C. PD @ 3am. Circ 51sx to pit. WOC 18hrs. Test head to 500# for 15 min. Test BOP to 1200 for 15min.
11-30-06 Dr 11" to 3810'. Ran 86jts of 8-5/8 32# J55 set @ 3810'. Cmt w/1200sx C. 12-1-06 Tail w/200sx C. PD @ 6am. Circ 106sx to pit. WOC 33hrs. Test head to 1500 for 15min. Test BOP to 3000 for 15min.
12-29-06 Dr 7-7/8" to 11,250'. 12-31-06 Ran 255jts 5-1/2 17# N80 @ 11,250'. Cmt 1st stg w/500sx H. Cmt 2nd stg w/950sx H. PD @ 10:30pm. Test head to 5000. 1-1-06 Rig released @ 2 PM. **11/19/2006** 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
11/19/06	Surf		17.5	13.375	48		0	440	365		C				Y
11/30/06	Int1		11	8.625	32		0	3810	1400		C				Y
12/31/06	Prod		7.875	5.5	17		4700	11250	1450		H				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 1/4/2007

Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-685-4372

For State Use Only:

APPROVED BY: Chris Williams TITLE District Supervisor DATE 1/5/2007 2:33:48 PM