

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

Form C-103
Permit 53878

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

WELL API NUMBER

30-015-35253

5. Indicate Type of Lease

S

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

TEXACO BE

8. Well Number

008

9. OGRID Number

229137

10. Pool name or Wildcat

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: O

2. Name of Operator

COG OPERATING LLC

3. Address of Operator

550 W TEXAS , , SUITE 1300 MIDLAND , TX 79701

4. Well Location

Unit Letter B : 330 feet from the N line and 2310 feet from the E line
Section 16 Township 17S Range 30E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)

3680 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.

5-1-07 Sp 17-1/2 @ 9:00am. TD 17-1/2 @ 421'. 5-2-07 Ran 11jts 43# H40 13-3/8 @ 413'. Cmt w/180sxH, 300sx C, & 448sx C. PD @ 1:20am. Circ 20sx. WOC 18hrs. Test csg to 1800# for 30min-OK. 5-4-07 TD 12-1/4 @ 1372'. Ran 33jts 32# J55 8-5/8 @ 1365'. Cmt w/600sx C. PD @ 7:15pm. Circ 150sx. WOC 12hrs. Test csg to 600# for 30min-OK. 5-13-07 TD 7-7/8 @ 6030'. Ran 139jts 17# J55 5-1/2 @ 6026'. Cmt 1st stg w/525sx C. 5-14-07. Cmt 2nd stg w/200sx C & 950 sx C. PD @ 4:00pm. Circ 275sx. WOC 12hrs. Test csg to 600# for 30min-OK. **5/1/2007** 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
05/02/07	Surf		17.5	13.375	48		0	413	928		C				Y
05/04/07	Int1		12.25	8.625	32		0	1365	600		C				Y
05/14/07	Prod		7.875	5.5	17		0	6026	1675		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 5/17/2007

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 5/21/2007 7:41:12 AM