

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 60329

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 30-015-34583
		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 WHITE OAK STATE
3. Address of Operator 550 W TEXAS , , SUITE 1300 MIDLAND , TX 79701		8. Well Number 009
4. Well Location Unit Letter <u>I</u> : <u>2310</u> feet from the <u>S</u> line and <u>990</u> feet from the <u>E</u> line Section <u>23</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		9. OGRID Number 229137
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3700 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.
8/19/07 Sp 12-1/4 @ 6:45 pm. 8/20/07 TD 12-1/4 @ 258'. Ran 6 jts 24# J-55 8-5/8 @ 258. Cmt w/180 sx H Thickest, 300 sx C, 447 sx C. 8/21/07 PD @ 6:00am. Did not circ. 1" to surface. TOC 100'. Called NMOCD. Pumped 150 sx C. Circ 40 sx. WOC 12 hrs. Test csg to 1800# for 30 min, held ok. 8/29/07 TD 7-7/8 @ 5512'. 8/30/07 Ran 129 jts 17# J-55 5-1/2 @ 5512'. Cmt w/525 sx C, 670 sx C, 100 sx C. PD @ 9:18 pm. Circ 15 sx. WOC 12 hrs. Test csg to 600# for 30 min, held ok. 8/31/07 Released rig 8/19/2007 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
08/20/07	Surf		12.25	8.625	24		0	258	1077		H,C	120			Y
08/30/07	Prod		7.875	5.5	17		0	5512	1295		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 9/7/2007

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 9/19/2007 2:18:51 PM