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 61538

WELL API NUMBER
30-015-35720

5. Indicate Type of Lease
S

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:O

7. Lease Name or Unit Agreement Name
G J WEST COOP UNIT

8. Well Number
168

2. Name of Operator
COG OPERATING LLC

9. OGRID Number
229137

3. Address of Operator
550 W TEXAS , , SUITE 1300 MIDLAND , TX 79701

10. Pool name or Wildcat

4. Well Location
Unit Letter B : 990 feet from the N line and 2310 feet from the E line
Section 21 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3593 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
Other:		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.

9/10/07 Sp 17-1/2@4:00pm.Notified Mr.Guye.9/11/07 TD 17-1/2@316'.Ran 8jts 13-3/8 H40 48#@315'.Cmt w/180sx C,300sx C,400sx C.PD@ 7:00am.Did not Circ.Tag cmt@35'.Notified Mr.Guye.Ready mix to surface.WOC 18 hrs.Tested csg to 1800# for 30min,held ok.9/13/07 TD 12-1/4@1035'.Ran 20jts 8-5/8 J55 24#@836'.Cmt w/300sx C,200sx C.PD@ 4:15am.Circ 75sx.Notified Mr.Guye. WOC 12hrs.Tested csg to 600# for 30min,held ok.9/17/07 TD 7-7/8@5445'.9/21/07 Ran 130jts 5-1/2 J55 17#@5445'.Cmt w/400sx C.700sx C,100sx C.PD@1:00pm.Circ 226sx. WOC 12hrs.Tested csg to 600# for 30min, held ok. RR.**9/10/2007** 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
09/11/07	Surf		17.5	13.375	48		0	315	880		C	35			Y
09/13/07	Int1		12.25	8.625	24		0	836	500		C				Y
09/21/07	Prod		7.875	5.5	17		0	5445	1200		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 9/26/2007

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 9/26/2007 3:30:33 PM