

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 65382

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 <u>L</u> : <u>2310</u> feet from the <u>S</u> line and <u>375</u> feet from the <u>W</u> line Section <u>16</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		WELL API NUMBER 30-015-35835
		5. Indicate Type of Lease S
		6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WICHITA STATE		
8. Well Number 003		
9. OGRID Number 229137		
10. Pool name or Wildcat		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3677 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.
11/21/07 Sp 17-1/2 @ 5:45pm. 11/22/07 TD 17-1/2 @ 448'. Ran 11jts 13-3/8 H40 48# @ 447'. 11/23/07 Cmt w/475sx C. PD @ 2:45am. Circ 178sx. Notified Mike Blanchard. WOC 18hrs. Test csg to 1800# for 30min, ok. 11/24/07 TD 12-1/4 @ 1220'. Ran 29jts 8-5/8 J55 32# @ 1219'. Cmt w/600sx C, 200sx C. PD @ 2:15pm. Circ 306sx. WOC 12hrs. Test csg 600# for 30min, ok. 12/01/07 TD 7-7/8 @ 5881'. 12/02/07 Ran 132jts 5-1/2 K55 17# @ 5880'. Cmt w/800sx C, 400sx C. PD @ 7:00pm. Circ 370sx. WOC 12hrs. Tested csg to 600# for 30min, ok. RR. 11/21/2007 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
11/22/07	Surf		17.5	13.375	48		0	447	475		C				Y
11/24/07	Int1		12.25	8.625	32		0	1219	800		C				Y
12/02/07	Prod		7.875	5.5	17		0	5880	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 12/4/2007
Type or print name Diane Kuykendall _____ E-mail address dkuykendall@conchoresources.com _____ Telephone No. 432-685-4372

For State Use Only:

APPROVED BY: Bryan Arrant _____ TITLE Geologist _____ DATE 12/6/2007 7:54:10 AM