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 84283

WELL API NUMBER
30-015-36285

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
194

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 : 660 feet from the N line and 2310 feet from the E line
Section 28 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3580 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.

9/28/08 Sp 17-1/2 @ 3:00pm. TD 17-1/2 @ 338'. Ran 9jts 13-3/8 csg H40 48# @ 338'. Cmt w/ 400sx C. Circ 93sx. 09/29/08 PD @ 1:30am. WOC 18hs. Test csg to 1800# for 30min, ok.9/30/08 TD 11" @ 840'. Ran 19jts 8-5/8 J55 32# @ 840'. Cmt w/ 400sx C, 200sx C. PD @ 6:30am. Circ 220sx. WOC 12hrs. Test csg to 600# for 30min, ok. 10/07/08 TD 7-7/8" @ 5467'. Ran 120jts 5-1/2 J55 17# @ 5466'. Cmt w/ 700sx C, 400sx C. PD @ 3:30pm. Circ 249sx. WOC 12hrs. Test csg to 600# for 30min, ok. RR.
9/28/2008 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
09/28/08	Surf		17.5	13.375	48	H40	0	338	400		C				Y
09/30/08	Int1		11	8.625	32	J55	0	840	600		C				Y
10/07/08	Prod		7.875	5.5	17	J55	0	5466	1100		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 10/27/2008

Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-683-7443

For State Use Only:

APPROVED BY: Tim Gum TITLE District Supervisor DATE 10/31/2008 2:30:45 PM