

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 104445

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.)		WELL API NUMBER 30-025-39029
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator 550 W TEXAS, SUITE 1300, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name LEAKER CC STATE
4. Well Location Unit Letter <u>G</u> : <u>2310</u> feet from the <u>N</u> line and <u>1650</u> feet from the <u>E</u> line Section <u>16</u> Township <u>17S</u> Range <u>32E</u> NMPM Lea County		8. Well Number 018
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3576 GR		9. OGRID Number 229137
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.
 9/23/09 Sp 17-1/2 @ 3:00pm. 9/24/09 TD 17-1/2 @ 672. Ran 15jts 13-3/8 H40 48# @ 671. Cmt w/ 350sx C lead, 200sx C tail. Circ 96sx. WOC 18hrs. Test csg to 1200# for 30min,ok. 9/26/09 TD 11 @ 2314. Ran 55jts 8-5/8 J55 32# @ 2313. Cmt w/500sx C lead, 200sx C tail. PD@1:24. Circ 188sx. WOC 18hrs. Test csg to 2000# for 30min,ok. 10/04/09 TD 7-7/8 @ 7025. Ran 157jts 5-1/2 L80 17# @ 7015. Cmt w/700sx C lead, 400sx C tail. PD@11:23pm. Circ 156sx. 10/05/09 WOC 24hrs. Will test csg to 3500# for 30min on completion rig. RR.9/23/2009 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
09/24/09	Surf		17.5	13.375	48	H40	0	671	550		C				Y
09/26/09	Int1		11	8.625	32	J55	0	2313	700		C				Y
10/04/09	Prod		7.875	5.5	17	L80	0	7015	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 10/26/2009
 Type or print name Diane Kuykendall _____ E-mail address dkuykendall@conchoresources.com _____ Telephone No. 432-683-7443

For State Use Only:
 APPROVED BY: Paul Kautz _____ TITLE Geologist _____ DATE 10/26/2009 1:58:26 PM