

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 112423

WELL API NUMBER 30-015-37400
5. Indicate Type of Lease S
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MCCOY STATE
8. Well Number 001
9. OGRID Number 229137
10. Pool name or Wildcat

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 P : 330 feet from the S line and 990 feet from the E line
 Section 8 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
 3606 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.

3/31/10 Spud 17-1/2 @ 4:00pm. 4/1/10 TD 17-1/2 @ 333. Ran 9jts 13-3/8 H40 48# @ 333. Cmt w/200sx C lead, 200sx C tail. Circ 91sx. PD@11:16pm. Test csg to 1200# for 30min,ok. WOC 18hrs. 4/2/10 TD 11 @ 860. Ran 19jts 8-5/8 J55 24# @ 860. Cmt w/200sx C lead, 200sx C tail. Circ 85sx. PD@3:15pm. Test csg to 2000# for 30min,ok. WOC 18hrs. 4/7/10 TD 7-7/8 @ 5466. 4/8/10 Ran 121jts 5-1/2 J55 17# @ 5463. Cmt w/600sx C lead, 400sx C tail. Circ 253sx. PD@3:10pm. WOC 24hrs. 4/9/10 RR. Will test csg to 3500# for 30min on completion rig.3/31/2010 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
04/01/10	Surf		17.5	13.375	48	H40	0	333	400		C				
04/02/10	Int1		11	8.625	24	J55	0	860	400		C				Y
04/07/10	Prod		7.875	5.5	17	J55	0	5463	1000		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 4/14/2010 _____
 Type or print name Diane Kuykendall _____ E-mail address dkuykendall@conchoresources.com _____ Telephone No. 432-683-7443

For State Use Only:
 APPROVED BY: Jacqueta Reeves _____ TITLE District Geologist _____ DATE 4/16/2010 9:46:02 AM _____