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 122478

WELL API NUMBER
30-015-37458

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
YALE STATE

8. Well Number
033

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 E : 2310 feet from the N line and 330 feet from the W line
Section 2 Township 17S Range 30E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3752 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.

10/18/10 Spud 17-1/2" hole.10/20/10 TD 17-1/2" hole @463.Ran 10 jts 13-3/8" 48# H40 @463.Cmt w/ 300sx H, 250sx C, 450sx C.PD @ 4:15pm.Crc 250sx.WOC 18h.10/21/10 Test csg to 1000# for 30min, ok.TD 11" hole @1386.Ran 30 jts 8-5/8" 24# J55 @1386.10/22/10 Cmt w/ 300sx 50/50, 200sx H.PD @ 7:15 am.Crc 126sx.WOC 18h.Test BOP to 2000# for 30min, ok.10/28/10 TD 7-7/8" hole @6222.10/29/10 Ran 100 jts 5-1/2" 17# J55 & 45 jts 5-1/2" 17# L80 @6213.DVT @2784.Stg 1 650sx C, PD @ 9:30pm.Open DVT, crc 245sx.Stg 2 650sx C, 300sx C.10/30/10 PD @ 5:15, crc 350sx. WOC 24h. Will test to 3500#for 30m on comp.RR**10/18/2010** 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
10/20/10	Surf	FreshWater	17.5	13.375	48	H40	0	463	1000		H,C				Y
10/21/10	Int1	Brine	11	8.625	24	J55	0	1386	500		5050,H				Y
10/29/10	Prod	CutBrine	7.875	5.5	17	J55,L8	0	6213	1600		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 11/2/2010

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

For State Use Only:

APPROVED BY: Randy Dade TITLE District Supervisor DATE 11/3/2010 12:01:13 PM