

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 122878

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 30-015-38107
1. Type of Well: O		5. Indicate Type of Lease F
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 LIZARD POT STATE COM
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>36</u> Township <u>19S</u> Range <u>31E</u> NMPM <u>Eddy</u> County		8. Well Number 001H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3481 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.
 TD WELL @1930 MST ON 10/23/10. RAN 324 JTS (14752.99') 5 1/2" 17# N-80/P-110 CSG (N-80=212 JTS & P-110=112 JTS) CSG TO 14552'. CMTD 1ST STG W/550 SX ACID SOLUBLE CMT, PD @0940 MST ON 10/25/10, CIRC 66 SX OFF DVT @8601.48'. CMTD 2ND STG W/750 SX HLP, TAILED IN W/100 SX P+ CLASS H, PD @0000 MST ON 10/25/10, TIE BACK TO INTMD CSG. RUN TS - TOC @1460'. WOC 24 HRS. TSTD CSG TO 1500# F/30 MIN - HELD OK. 9/16/2010 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
09/17/10	Surf		17.5	13.375	54.5	J55	0	926	850		P+		1000	0	
09/22/10	Int1		12.25	9.625	36	J55	0	4099	650		H/L, P+		3000	0	
09/22/10	Int1		12.25	9.625	36	J55	0	4099	1200		H/L, P+		3000	0	
10/25/10	Prod		7.875	5.5	17	N80	0	14552	550		ACID SOLUB		1500	0	
10/25/10	Prod		7.875	5.5	17	N80	1460	14552	850		HLP, P+		1500	0	

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 Production Reporting Mgr DATE 11/9/2010

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 11/10/2010 8:36:01 AM