

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 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  
August 1, 2011  
Permit 137903

|                                                                                                                                                                                                                                     |  |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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<br>30-015-39094                           |
| 1. Type of Well: O                                                                                                                                                                                                                  |  | 5. Indicate Type of Lease<br>S                            |
| 2. Name of Operator<br>COG OPERATING LLC                                                                                                                                                                                            |  | 6. State Oil & Gas Lease No.                              |
| 3. Address of Operator<br>550 W TEXAS, SUITE 1300, MIDLAND, TX 79701                                                                                                                                                                |  | 7. Lease Name or Unit Agreement Name<br>CONTINENTAL STATE |
| 4. Well Location<br>Unit Letter <u>D</u> : <u>450</u> feet from the <u>N</u> line and <u>990</u> feet from the <u>W</u> line<br>Section <u>15</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County                      |  | 8. Well Number<br>002                                     |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3567 GR                                                                                                                                                                        |  | 9. OGRID Number<br>229137                                 |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>                                                                                                                                    |  | 10. Pool name or Wildcat                                  |
| Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>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.

9/17/11 Spud 17-1/2 @ 9:15PM.

9/18/11 TD 17-1/2 @ 377. Ran 9jts 13-3/8 H40 48# @ 377. Cmt w/400sx C + add. PD @ 3:05PM. Circ 21sx. WOC 18hrs. Test csg to 1000# for 30min ok. 9/19/11 TD 11 @ 857. Ran 20jts 8-5/8 J55 24# @ 857. Cmt w/200sx C.+ add. lead, 200sx C.+ add. tail. 9/20/11 PD @ 12:20AM. Circ 96sx. WOC 18hrs. Test csg to 1100# for 30 min, ok.

9/23/11 TD 7-7/8 @ 5640.

9/24/11 Ran 125jts 5-1/2 J55 17# @ 5624. Cmt w/600sx C. +add. lead, 400sx C.+add. tail. PD @ 12PM. Circ 194sx. WOC 24hrs. RR. Will test csg to 3500# for 30 min on completion rig.

9/17/2011 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 |
|----------|--------|------------|-----------|----------|--------------|-------|---------|----------|-------|-------|-------|---------|-----------|-----------|-----------|
| 09/18/11 | Surf   |            | 17.5      | 13.375   | 48           | H40   | 0       | 377      | 400   |       | C     |         |           |           | Y         |
| 09/19/11 | Int1   |            | 11        | 8.625    | 24           | J55   | 0       | 857      | 400   |       | C     |         |           |           | Y         |
| 09/24/11 | Prod   |            | 7.875     | 5.5      | 17           | J55   | 0       | 5624     | 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 Production Reporting Mgr

DATE 9/28/2011

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 9/28/2011 4:39:29 PM