

**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 140091

|                                                                                                                                                                                                                                                                                                                                         |  |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|
| <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>30-015-39369                  |
| 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>MC STATE |
| 4. Well Location<br>Unit Letter <u>J</u> : <u>2310</u> feet from the <u>S</u> line and <u>1650</u> feet from the <u>E</u> line<br>Section <u>23</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County                                                                                                                        |  | 8. Well Number<br>005                            |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3692 GR                                                                                                                                                                                                                                                                            |  | 9. OGRID Number<br>229137                        |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>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 _____ |  | 10. Pool name or Wildcat                         |

|                                                                                          |                                                                                            |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data             |                                                                                            |
| <b>NOTICE OF INTENTION TO:</b>                                                           | <b>SUBSEQUENT REPORT OF:</b>                                                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/>               |
| TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/>    | COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>    | CASING/CEMENT JOB <input type="checkbox"/>                                                 |
| Other: _____                                                                             | Other: <b>Drilling/Cement</b> <input checked="" type="checkbox"/>                          |

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.  
11/3/11 Spud 17-1/2 @ 9:30AM. 11/4/11 TD 17-1/2 @ 251. Ran 6jts 13-3/8 H40 48# @ 251. Cmt w/300sx C. PD @ 7:25AM. Circ 71sx. WOC 18hrs. Test csg to 1000# for 30min ok.  
11/5/11 TD 11 @ 881. Ran 21jts 8-5/8 J55 24# @ 881. Cmt w/200sx C. lead, 200sx C. tail. PD @ 2:17PM. Circ 89sx. WOC 18hrs. Test csg to 1000# for 30 min, ok.  
11/9/11 TD 7-7/8 @ 5288. Ran 119jts 5-1/2 J55 17# @ 5278. Cmt w/500sx C. lead, 400sx C. tail. PD @ 8:17PM. Circ 186sx. WOC 24hrs.  
11/10/11 RR. Will test csg to 3500# for 30 min on completion rig.  
11/3/2011 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 |
|----------|--------|------------|-----------|----------|--------------|-------|---------|----------|-------|-------|-------|---------|-----------|-----------|-----------|
| 11/04/11 | Surf   |            | 17.5      | 13.375   | 48           | H40   | 0       | 251      | 300   |       | C     |         |           |           | Y         |
| 11/05/11 | Int1   |            | 11        | 8.625    | 24           | J55   | 0       | 881      | 400   |       | C     |         |           |           | Y         |
| 11/09/11 | Prod   |            | 7.875     | 5.5      | 17           | J55   | 0       | 5278     | 900   |       | 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 11/14/2011  
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 11/16/2011 10:19:53 AM