

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 141721

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 30-025-39871
1. Type of Well: O		5. Indicate Type of Lease P
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 TAYLOR D
4. Well Location Unit Letter <u>E</u> : <u>2470</u> feet from the <u>N</u> line and <u>990</u> feet from the <u>W</u> line Section <u>10</u> Township <u>17S</u> Range <u>32E</u> NMPM Lea County		8. Well Number 006
11. Elevation (Show whether DR, KB, BT, GR, etc.) 4137 GR		9. OGRID Number 229137
10. Pool name or Wildcat		
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.
 12/4/11 Spud 17-1/2 @ 10:45PM. 12/5/11 TD 17-1/2 @ 835. Ran 19jts 13-3/8 H40 48# @ 835. 12/6/11 Cmt w/450sx C. +add lead, 200sx C. +add tail. PD @ 4:22PM. Circ 209sx. WOC 18hrs. Test csg to 1140# for 30min ok.
 12/8/11 TD 11 @ 2268. 12/9/11 Ran 52jts 8-5/8 J55 32# @ 2268. Cmt w/500sx C. +add lead, 200sx C. +add tail. PD @ 9:10AM. Circ 174sx. WOC 18hrs. Test csg to 1100# for 30 min, ok.
 12/15/11 TD 7-7/8 @ 7014. Ran 167jts 5-1/2 L80 17# @ 7008. Cmt w/900sx C. +add lead, 400sx C. +add tail. PD @ 9:50PM. Circ 105sx. WOC 24hrs. 12/16/11 RR. Will test csg to 5000# for 30 min on completion rig.
 12/4/2011 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
12/05/11	Surf		17.5	13.375	48	H48	0	835	650		C				Y
12/09/11	Int1		11	8.625	32	J55	0	2268	700		C				Y
12/15/11	Prod		7.875	5.5	17	L80	0	7008	1300		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 12/17/2011
 Type or print name Diane Kuykendall _____ E-mail address dkuykendall@conchoresources.com _____ Telephone No. 432-683-7443

For State Use Only:

APPROVED BY: Paul Kautz _____ TITLE Geologist _____ DATE 12/19/2011 8:19:15 AM