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 144971

WELL API NUMBER 30-015-37398	
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 HATFIELD STATE
	8. Well Number 005
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 K : 1650 feet from the S line and 1650 feet from the W line
Section 8 Township 17S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3632 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.

2/18/12 Spud 17-1/2 @ 2:30PM.
2/19/12 TD 17-1/2 @ 330. Ran 8jts 13-3/8 H40 48# @ 330. Cmt w/50sx C. 300sx C. 250sx C. 400sx C. PD @ 8:03AM. Ran temp survey, TOC @ 70. RIH w/1" tag @ 330. Cmt 475sx in 9stgs. Circ 34sx. WOC 18hrs. Test csg to 1000# for 30min ok.
2/22/12 TD 11 @ 867. Ran 21jts 8-5/8 J55 24# @ 867. Cmt w/300sx C. lead, 200sx C. tail. PD @ 8:20AM. Circ 318sx. WOC 18hrs. Test csg to 1500# for 30 min, ok.
2/27/12 TD 7-7/8 @ 5462. 2/28/12 Ran 123jts 5-1/2 J55 17# @ 5452. Cmt w/500sx C. lead, 400sx C. tail. PD @ 8:33AM. Circ 202sx. WOC 24hrs. RR.**2/18/2012** 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
02/19/12	Surf		17.5	13.375	48	H40	70	330	1000		C				Y
02/22/12	Int1		11	8.625	24	J55	0	867	500		C				Y
02/28/12	Prod		7.875	5.5	17	J55	0	5452	950		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 3/5/2012

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 3/6/2012 6:47:28 AM