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| Submit within 45 days of well completion | State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505 | Revised February 15, 2012 | | | | |
| HYDRAULIC FRACTURING FLUID DISCLOSURE <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment | | 1. WELL API NO: 30-025-39882 | | | | |
| | | 2. Well Name: MACHO NACHO STATE #001H | | | | |
| | | 3. Well Number: 001H | | | | |
| | | 4. Surface Hole Location: Unit:D Lot:1 Section:7 Township:24S Range:33E Feet from:380 N/S Line:N Feet from:330 E/W Line:E | | | | |
| | | 5. Bottom Hole Location: Unit:1 Lot:1 Section:7 Township:24S Range:33E Feet from:407 N/S Line:N Feet from:383 E/W Line:W | | | | |
| | | 6. Latitude: longitude: 32.2384426174667 - 103.603947645382 | | | | |
| | | 7. County: Lea | | | | |
| 8. Operator Name and Address: COG PRODUCTION, LLC 550 W. Texas Avenue, Suite 100 Midland 79701 | | 9. OGRID: 217955 | 10. Phone Number: 432-685-4372 | | | |
| 11. Last Fracture Date: 8/12/2012 Frac Performed by: Baker Hughes | | 12. Production Type: O | | | | |
| 13. Pool Code(s): 96674 | | 14. Gross Fractured Interval: 11,106 ft to 15,208 ft | | | | |
| 15. True Vertical Depth (TVD): 10,878 ft | | 16. Total Volume of Fluid Pumped: 32 bbls | | | | |
| 17. HYDRAULIC FLUID COMPOSITION AND CONCENTRATION: | | | | | | |
| Trade Name | Supplier | Purpose | Ingredients | (CAS #) Chemical Abstract Service # | Maximum Ingredient Concentration in Additive (% by mass) | Maximum Ingredient Concentration in HF Fluid (% by mass) |
| Scaletrol 720 | Baker Hughes | Scale Inhibitor | Ethylene Glycol | 107-21-1 | 30% | 17.1359528% |
| | | | Calcium Chloride | 10043-52-4 | 5% | 2.8559921% |
| Parasorb 5000 | Baker Hughes | Paraffin Inhibitor | Calcined Diatomaceous Earth | 91053-39-3 | 65% | 20.7888041% |
| | | | White Mineral Oil | 8042-47-5 | 30% | 9.5948327% |
| | | | Proprietary Paraffin Inhibitor | Trade Secret | 25% | 7.9956939% |
| | | | Silica, Crystalline-Quartz | 14808-60-7 | 5% | 1.5991388% |
| 18. I, as Operator, hereby certify that the information shown on this disclosure form is true and complete to the best of my knowledge and belief. | | | | | | |
| Signature: <u>Signed Electronically</u> | | Printed Name: <u>Monti Sanders</u> | | Permitting / ROW Title: <u>Technician</u> | | |
| Date: <u>9/25/2012</u> | | | | | | |
| E-mail Address: <u>msanders@concho.com</u> | | | | | | |

NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.