

**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 161496

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-015-40255
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator One Concho Center, 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name BR-549 STATE
4. Well Location Unit Letter <u>D</u> : <u>1165</u> feet from the <u>N</u> line and <u>1015</u> feet from the <u>W</u> line Section <u>27</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		8. Well Number 006
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3545 GR		9. OGRID Number 229137
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 _____		

<b>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</b>	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> 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.  
1/13/13 Spud 17-1/2 @ 3:15PM. TD 17-1/2 @ 336.  
1/14/13 Ran 7jts 13-3/8 H40 48# @ 336. Cmt w/300sx C. lead, 530sx C. tail. PD @ 2:25PM. RIH 1" tag TOC @ 38. Pump 25sx. Circ 8sx. WOC 18hrs. Test csg to 1211# for 30min ok.  
1/15/13 TD 11 @ 852. Ran 20jts 8-5/8 J55 24# @ 852. 1/16/13 Cmt w/200sx C. lead, 200sx C. tail. PD @ 2AM. Circ 119sx. WOC 18hrs. Test csg to 1500# for 30min, ok.  
1/21/12 TD 7-7/8 @ 5584. 1/22/13 Ran 134jts 5-1/2 J55 17# @ 5574. Cmt w/800sx C. lead, 200sx C. 400sx C. tail. 1/23/13 PD @ 3:50AM. No circ, will run CBL upon completion. WOC 24hrs. RR.1/13/2013 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
01/14/13	Surf		17.5	13.375	48	H40	38	338	855		C				Y
01/15/13	Int1		11	8.625	24	J55	0	852	400		C				Y
01/22/13	Prod		7.875	5.5	17	J55	0	5574	1400		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 2/5/2013

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 2/6/2013 6:44:54 AM