

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 162422

SUNDRY NOTICES AND REPORTS ON WELLS (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 30-015-37571
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 G J WEST COOP UNIT
4. Well Location Unit Letter D : 1065 feet from the N line and 1095 feet from the W line Section 22 Township 17S Range 29E NMPM Eddy County		8. Well Number 263
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3547 GR		9. OGRID Number 229137
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.
2/1/13 Spud 17-1/2 @ 8:30PM. 2/2/13 TD 17-1/2 @ 377. Ran 9jts 13-3/8 H40 48# @ 377. Cmt w/300sx C. lead, 400sx C. tail, 300sx H. PD @ 12:57PM. Circ 303sx. WOC 18hrs. Test csg to 1211# for 30min ok.
2/3/13 TD 11 @ 853. Ran 20jts 8-5/8 J55 24# @ 853. Cmt w/200sx C. lead, 200sx C. tail. PD @ 6:19PM. Circ 144sx. WOC 18hrs.
Test csg to 1472# for 30 min. ok.
2/8/13 TD 7-7/8 @ 4990MD 4984TVD. Ran 122jts 5-1/2 J55 17# @ 4990. Cmt w/500sx C. lead, 400sx C. tail. 2/9/13 PD @ 12:51AM. Circ 56sx. WOC 24hrs. RR. Will test csg to 3500# for 30 min on completion rig.
2/1/2013 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
02/02/13	Surf		17.5	13.375	48	H40	0	377	700		C				Y
02/02/13	Surf		17.5	13.375	48	H40	0	377	300		H				Y
02/03/13	Int1		11	8.625	24	J55	0	853	400		C				Y
02/08/13	Prod		7.875	5.5	17	J55	0	4990	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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed _____ TITLE Production Reporting Mgr _____ DATE 2/14/2013
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 2/14/2013 12:09:20 PM