

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., Artec, 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 164355

<p style="text-align: center;">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.)</p> <p>1. Type of Well: <u>O</u></p> <p>2. Name of Operator <u>COG PRODUCTION, LLC</u></p> <p>3. Address of Operator <u>600 W. Illinois Ave, Midland, TX 79701</u></p> <p>4. Well Location Unit Letter <u>2</u> : <u>330</u> feet from the <u>N</u> line and <u>2290</u> feet from the <u>E</u> line Section <u>5</u> Township <u>24S</u> Range <u>33E</u> NMPM <u>Lea</u> County</p> <p>11. Elevation (Show whether DR, KB, BT, GR, etc.) <u>3664 GR</u></p> <p>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 _____</p>	<p>WELL API NUMBER <u>30-025-40702</u></p> <p>5. Indicate Type of Lease <u>S</u></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name <u>CABO BLANCO STATE</u></p> <p>8. Well Number <u>001H</u></p> <p>9. OGRID Number <u>217955</u></p> <p>10. Pool name or Wildcat</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>Other: _____</p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>Other: <u>Spud</u> <input checked="" type="checkbox"/></p>
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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.

3/17/2013 Spudded well.

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 Manager DATE 3/20/2013

Type or print name DIANE KUYKENDALL E-mail address dkuykendall@concho.com Telephone No. 432-685-4372

For State Use Only:
APPROVED BY: ELIDIO GONZALES TITLE HOBBS STAFF MANAGER DATE 3/20/2013