

**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 164389

<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 30-025-40853
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator COG PRODUCTION, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name MACHO NACHO STATE
4. Well Location Unit Letter <u>I</u> : <u>1870</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>E</u> line Section <u>7</u> Township <u>24S</u> Range <u>33E</u> NMPM Lea County		8. Well Number 003H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3595 GR		9. OGRID Number 217955
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"/>
<b>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.</b> 03/10/13 TD 7-7/8" lateral @ 15271'(KOP 10575'). Set 5-1/2" 17# P-110 csg @ 15271. Cmt w/ 1150 sx Class H. Tailed in w/ 925 sx. WOC 18 hrs. Test to 2500# for 30 min. TOC @ 6472' (TS)	

03/13/13 Rig released. 2/10/2013 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
02/11/13	Surf		17.5	13.375	54.5	J55	0	1260	925		C		1000	0	
02/15/13	Int1		12.25	9.625	40	J55	0	4978	1425		C		1000		
03/12/13	Prod		7.875	5.5	17	P110	6472	15271	2075		H		2500	0	

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 3:28:04 PM