

**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 165563

<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 30-015-39641
1. Type of Well: O		5. Indicate Type of Lease P
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 PATTON 5 FEE
4. Well Location Unit Letter <u>M</u> : <u>380</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>W</u> line Section <u>5</u> Township <u>19S</u> Range <u>26E</u> NMPM <u>Eddy</u> County		8. Well Number 008H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3363 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 _____		10. Pool name or Wildcat

<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.  
 3/26/13 Spud 11 @ 10PM. 3/28/13 TD 11 @ 1234. Ran 28jts 8-5/8 J55 32# @ 1234. Cmt w/950sx C. +add, 180sx H. +add. PD @ 2:40PM. Circ 211sx. WOC 18hrs. Test csg to 1500# for 30min ok.  
 3/30/13 Drill 7-7/8 curve. KOP @ 2357. 3/31/13 TD curve @ 3184. Drill lateral from 3184-7291.  
 4/5/13 TD 7-7/8 @ 7291MD 2984TVD. Ran 162jts 5-1/2 17# L80 @ 7291. 4/6/13 Cmt 350sx C. +add, 150sx C. +add, 350sx H. PD @ 9:26AM. Circ 250sx. RR.3/26/2013 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
03/28/13	Surf		11	8.625	32	J55	0	1234	1130		C,H				Y
04/05/13	Prod		7.875	5.5	17	L80	0	7291	850		C,H				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 4/15/2013

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 4/16/2013 7:14:05 AM