District I

Form C-103

1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720	Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505		al		t 1, 2011
District II 811 S. First St., Artesia, NM 88210				Permit 166340 WELL API NUMBER	
Phone:(575) 748-1283 Fax:(575) 748-9720 <u>District III</u>				30-015-41162 5. Indicate Type of Lease P	
1000 Rio Brazos Rd., Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170			3.		
District IV 1220 S. St Francis Dr., Santa Fe, NM 87505					
Phone:(505) 476-3470 Fax:(505) 476-3462			6.	State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				7. Lesse Name or Unit Agreement Name BRADLEY 8 FEE	
				8. Well Number	
1. Type of Welt:O				001H	
2. Name of Operator			9.	OGRID Number	
COG OPERATING LLC				229137	
Address of Operator One Concho Center, 600 W. Illinois Ave, Midland, TX 79701				10. Pool name or Wildcat	
Pit or Below-grade Tank Application □ or Clos Pit Type Depth to Groundwater_ Pit Liner Thickness: mil I	11. Elevation (Show who	No.			
12. Check Appro	opriate Box to Indicat	e Nature of Notice, I	Report or	Other Data	
NOTICE OF INTENTION TO: SUBSEQUE			EQUENT	REPORT OF:	
	UG AND ABANDON [REMEDIAL WORK		ALTER CASING	
	ANGE OF PLANS	COMMENCE DRILLI	V. St. Charles St.	☐ PLUG AND ABANDO	ON \square
PULL OR ALTER CASING MU Other:	LTIPLE COMPL	CASING/CEMENT JOS Other: Spud	D [_	×
 Describe proposed or completed operations. (work.) SEE RULE 1103. For Multiple Completion 				mated date of starting any prop	osed
5/10/2013 Spudded well.					
5/10/13 Spud 11" hole @ 10:15PM.					

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 \square , a general permit \square or an (attached) alternative OCD-approved plan \square . SIGNATURE Electronically Signed TITLE Production Reporting Mgr DATE 5/14/2013 Type or print name Diane Kuykendall E-mail address dkuykendall@conchoresources.com Telephone No. 432-00.7443 For State Use Only:
APPROVED BY: Randy Dade TITLE District Supervisor DATE 5/15/2013