## 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

PROPOSALS) 1. Type of Well:O

2. Name of Operator

3. Address of Operator

4. Well Location Unit Letter

Section

Other:

## State of New Mexico Energy, Minerals and Natural Resources

Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS

A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH

COG PRODUCTION, LLC

600 W. Illinois Ave, Midland, TX 79701

N

24S

feet from the

2310

Township

PULL OR ALTER CASING | MULTIPLE COMPL |

Form C-103

X

August 1, 2011 Permit 166678 WELL API NUMBER 30-025-40845 5. Indicate Type of Lease S 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name EATA FAJITA 8 STATE SWD (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 8. Well Number 9. OGRID Number 217955 10. Pool name or Wildcat feet from the 1ine NMPM Lea County

|                      |                      | 36                        | II GK                                       |   |           |   |  |  |  |
|----------------------|----------------------|---------------------------|---|---|-----------|---|--|--|--|
| Pit or Below-grade T | ank Application or   | Closure                   |   | F 20 20 21 27 27 27 27 27 27 27 27 27 27 27 27 27 |           | 1 |  |  |  |
| Pit Type             | Depth to Groundwater | Distance from nearest fi  | Distance from nearest fresh water well Dist |   |           | istance from nearest surface water      |  |  |  |
| Pit Liner Thickness: | mil                  | Below-Grade Tank: Volume_ |   | bbls; Construction I                              | faterial. |   |  |  |  |
| 21                   | 12. Check A          | ppropriate Box to Indicat | e Nature of 1                               | Notice, Report                                    | or Ot     | her Data                                |  |  |  |
| NO                   | TICE OF INTE         | NTION TO:                 | SUBSEQUENT REPORT OF:                       |   |           |   |  |  |  |
| PERFORM REM          | EDIAL WORK           | PLUG AND ABANDON [        | REMEDIAL                                    | WORK  |           | ALTER CASING                            |  |  |  |
| TEMPORARILY          | ABANDON              | CHANGE OF PLANS           | COMMENCE                                    | E DRILLING OPN                                    | S. 🗆      | PLUG AND ABANDON                        |  |  |  |

line and

Range

11. Elevation (Show whether DR, KB, BT, GR, etc.)

2310

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.

5/10/13 TD 17 1/2" hole @ 1264'. Set 13 3/8" 54.5# J-55 csg @ 1256'. Cmt w/675 sx Class C. Tailed in w/250 sx. Circ 314 sx to surface. WOC 18 hrs. Test csg to 1000#.5/9/2013 Spudded well.

Casing and Cement Program

| Date     | String | Type | Size | Size   | Weight<br>lb/ft | Grade | TOC | Set  | Sacks | Yield Class | Dpth | Held | Drop | Hole |
|----------|--------|------|------|--------|-----------------|-------|-----|------|-------|-------------|------|------|------|------|
| 05/10/13 | Surf   |      | 17.5 | 13.375 | 54.5            | J55   | 0   | 1256 | 925   | С           |      | 1000 | 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 NMOCD guidelines  $\square$ , a general permit  $\square$  or an (attached) alternative OCD-approved plan  $\square$ . SIGNATURE Electronically Signed TITLE Production Reporting Manager DATE 5/22/2013 DIANE Type or print name E-mail address dkuykendall@concho.com Telephone No. 432-685-4372 KUYKENDALL For State Use Only:

APPROVED BY: Paul Kautz

TITLE Geologist

DATE 5/22/2013 1:34:14 PM