

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 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 169242

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.)		WELL API NUMBER 30-015-41290
1. Type of Well: O		5. Indicate Type of Lease S
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 BUENA VISTA 2 STATE COM
4. Well Location Unit Letter <u>O</u> : <u>480</u> feet from the <u>S</u> line and <u>2030</u> feet from the <u>E</u> line Section <u>2</u> Township <u>20S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		8. Well Number 002H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3219 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

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: 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: _____	SUBSEQUENT REPORT OF: 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: Drilling/Cement <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.

5/31/13 TD 17 1/2" hole @ 500'. Set 13 3/8" 54.5# J-55 csg @ 500'. Cmt w/150 sx Class C. Tailed in w/250 sx. Circ 294 sx to surface. WOC 18 hrs. Test csg to 1000# for 30 mins.

6/4/13 TD 12 1/4" hole @ 3679'. Set 9 5/8" 36# J-55 csg @ 3679'. Set ECP @ 1986'. Cmt Stage 1 w/400 sx Class C. Tailed in w/250 sx. Circ 160 sx off ECP. Cmt Stage 2 w/700 sx Class C. Tailed in w/100 sx. Circ 192 sx to surface. WOC 18 hrs. Test csg to 1000# for 30 mins. 5/30/2013 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
05/31/13	Surf		17.5	13.375	54.5	J55	0	500	400		C		1000		0
06/04/13	Int1		12.25	9.625	36	J55	0	3679	1450		C		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 well 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 6/26/2013

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 6/27/2013 1:34:46 PM