1625 N. French Dr., Hobbs, NM 88240

Form C-103 August 1, 2011

State of New Mexico Phone:(575) 393-6161 Fax:(575) 393-0720 Energy, Minerals and Natural District II Permit 172404 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 Resources WELL API NUMBER District III 1000 Rio Brazos Rd., Aztec, NM 87410 30-025-40948 Oil Conservation Division 5. Indicate Type of Lease Phone:(505) 334-6178 Fax:(505) 334-6170 1220 S. St Francis Dr. District IV S 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462 Santa Fe, NM 87505 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO CORAZON STATE UNIT A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number 006H 1. Type of Well:O 9. OGRID Number 2. Name of Operator COG OPERATING LLC 229137 3. Address of Operator 10. Pool name or Wildcat One Concho Center, 600 W. Illinois Ave, Midland, TX 79701 100 Unit Letter D feet from the N line and 330 feet from the 1ine Township 218 Range 10 33E NMPM Lea County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3843 GR Pit or Below-grade Tank Application or Closure Pit Type ______ Depth to Groundwater _____ Distance from nearest firesh water well _____ Distance from nearest surface water_ mil Below-Grade Tank: Volume bbls; Construction Material Pit Liner Thickness: 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTER CASING TEMPORARILY ABANDON

CHANGE OF PLANS COMMENCE DRILLING OPNS.
PLUG AND ABANDON PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT JOB X Other: Spud 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. 8/21/2013 Spudded well.

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 8/27/2013 432-683-E-mail address dkuykendall@conchoresources.com Telephone No. 7443 Type or print name Diane Kuykendall For State Use Only: APPROVED BY: Paul Kautz TITLE Geologist DATE 8/28/2013