

Submit 3 Copies to Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-28356
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name GR 30 STATE
8. Well Number 1
9. OGRID Number 229137
10. Pool name or Wildcat Nash Draw; Delaware

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	RECEIVED
2. Name of Operator COG Operating LLC	SEP - 7 2005
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701	WUTAH 1504
4. Well Location Unit Letter <u>C</u> : <u>330</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>30</u> Township <u>23S</u> Range <u>30E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3078 GR	
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 _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Add Delaware perms <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.

8-16-05 TOH w/ tbg.

8-17-05 RIH w/ 5-1/2" composite bridge plug & set @ 6900'. Perf upper Delaware w/ 4 SPF: 6539' - 44' (5'). 23 total .40" holes. RIH w/ tbg & pkr & set pkr @ 6650'. Test CIBP to 2500 psi. Move pkr up to 6421' & break down perms w/ KCL water.

8-18-05 Acidize perms 6539' - 44' w/ 700 gal 90 / 10 7-1/2% HCl acid and 30 ball sealers. Swab.

8-26-05 Frac upper Delaware perms (6539' - 44') w/ 14,000 gal clear frac FL and 30,000# 20/40 Ottawa sand. Swab well.

8-30-05 POH w/ pkr. TIH w/ tbg.

8-31-05 Run pump & rods. Turn to production.

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 Phyllis Edwards TITLE Regulatory Analyst DATE 9/6/05

Type or print name Phyllis Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340

For State Use Only

FOR RECORDS ONLY

APPROVED BY: _____ TITLE _____ DATE SEP 08 2005
Conditions of Approval (if any): _____