Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011  LL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			30-015-39404	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		dicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE S FEE	
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		tate Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			ease Name or Unit Agreement Name	
(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.)			MYOX 29 State Com	
1. Type of Well: Oil Well Gas Well Other			/ell Number 3H	
2. Name of Operator			GRID Number	
COG Operating LLC			229137	
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210			Pool name or Wildcat Hay Hollow; Bone Spring, North	
			Tray Honow, Bone Spring, North	
4. Well Location				
Unit Letter N : 330 feet from the South line and 1870 feet from the West line				
Section 29	Township 25S Ran  11. Elevation (Show whether DR, RK		NMPM Eddy County	
	2977' GR			
	277. 33			
of starting any proposed various proposed completion or respectively.  9/29/12 to 10/22/12 MIRU. Performance 2747514 gal fluid.	CHANGE PLANS COMPL COMPLETE COMPL COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE COMPLETE COMPLICATION COMPLETE COMPLETE COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPLICATION COMPL	inent details, and give For Multiple Completion	etion Operations  pertinent dates, including estimated date ons: Attach wellbore diagram of  I. Frac w/3014720# sand &	
10/30/12 Began flowing back & testing.  NOV 1 4 2012				
			14 2012	
Spud Date: 8/22/	Rig Release Date:	9/7/1	NMOCD ARTESIA	
Spud Date.	Nig Release Date.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE	\ .	ilatory Analyst	DATE:11/9/12	
Type or print name: Stormi D	avis E-mail address:	sdavis@concho.com	PHONE: (575) 748-6946	
For State Use Only				
APPROVED BY: Conditions of Approval (if any):	de TITLE D.SF	#Sepeniso	DATE 11/20/2012	