

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

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

WELL API NO. 30-015-40415
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 Hogan State Com
8. Well Number: 4H
9. OGRID Number: 229137
10. Pool name or Wildcat Empire; Glorieta Yeso, East 96610

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 Gas Well Other

2. Name of Operator
COG Operating LLC

3. Address of Operator
One Concho Center, 600 W. Illinois Avenue, Midland, TX 79701

4. Well Location
 Unit Letter P : 330 feet from the South line and 330 feet from the East line
 Section 2 Township 17S Range 29E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3661' GR

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 PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Completion <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/6/12 Drill out DV tool. 11/13/12 Test lines to 7000psi. Open toe @ 9518. Step rate by 1000psi to 4900psi. Packer @ 9431, Frac Port @ 9475, Packer @ 9382, Frac Port @ 9251, Packer @ 9130, Frac Port @ 9006, Packer @ 8880, Frac Port @ 8753, Packer @ 8629, Frac Port @ 8504, Packer @ 8385, Frac Port @ 8258, Packer @ 8129, Frac Port @ 8019, Packer @ 7911, Frac Port @ 7778, Packer @ 7649, Frac Port @ 7515, Packer @ 7389, Frac Port @ 7259, Packer @ 7168, Frac Port @ 7033, Packer @ 6908, Frac Port @ 6782, Packer @ 6654, Frac Port @ 6522, Packer @ 6399, Frac Port @ 6275, Packer @ 6152, Frac Port @ 6024, Packer @ 5900, Frac Port @ 5773, Packer @ 5465. Port @ 5550.
 11/15/12 Acidize w/33,928 gals 15% HCL. Frac w/1,426,317 gals gel, 131,039 gals WaterFrac, 1,689,095# 16/30 brown, 309,189# 16/30 SLC, 38,751# 100 Mesh.
 11/17/12 Drilled out sleeves.
 12/3/12 RIH w/139jts 2-7/8" J55 6.5# tbg, Sub Pump, EOT @ 4536.
 12/4/12 Hang well on.

Spud Date: Rig Release Date:

RECEIVED

JAN 17 2013

NMOCD ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Chasity Jackson TITLE Regulatory Analyst DATE 1/14/13

Type or print name Chasity Jackson E-mail address: cjackson@concho.com PHONE: 432-686-3087

For State Use Only
 APPROVED BY: SR Dede TITLE District Supervisor DATE 1/17/13
 Conditions of Approval (if any):

Handwritten initials