

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.<br>30-015-40652  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>Reposado 2 State Com  |
| 8. Well Number<br>3H  |
| 9. OGRID Number<br>217955   |
| 10. Pool name or Wildcat<br>Corral Canyon; Bone Spring, South                                       |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3017' GR                                      |

**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 Production LLC

3. Address of Operator  
2208 W. Main Street, Artesia, NM 88210

4. Well Location  
 Unit Letter N : 360 feet from the South line and 1840 feet from the West line  
 Section 2 Township 26S Range 29E NMPM Eddy County

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

|   |  |
|---|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>OTHER: <input type="checkbox"/> | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>OTHER: Completion Operations <input checked="" type="checkbox"/> |
|---|--|

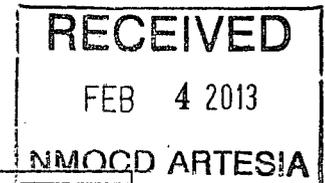
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/7/12 to 12/14/12 Tested 7" csg to 7000#. Tested good. Tested 9 5/8" x 7" csg annulus to 1500# for 15 min w/no loss of pressure. Circ & clean out cmt stringers to FC @ 12237'. Circ clean.

12/15/12 to 12/22/12 Perforate Bone Spring (Avalon Shale) 7850-12190' (506). Acdz w/33202 gal 7 1/2% acid; Frac w/3922557# sand & 2833010 gal fluid.

1/3/13 Drilled out all CFP's.

1/10/13 SWI to complete 2<sup>nd</sup> lateral.



Spud Date: 10/7/12

Rig Release Date: 11/26/12

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

SIGNATURE: Stormi Davis TITLE: Regulatory Analyst DATE: 1/30/13

Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

**For State Use Only**  
 APPROVED BY: [Signature] TITLE: [Signature] DATE: 2/4/2013  
 Conditions of Approval (if any):