Submit 1 Copy To Appropriate District Office	State of	•	Form C-103			
<u>District I</u> – (575) 393-6161	Energy, Minerals	urces	Revised August 1, 2011			
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.		
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-015-41290		
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE FEE 6. State Oil & Gas Lease No.		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 0, 14141 07303			Oli & Gas Lease No.	•	
87505		•				
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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				Buena Vista 2 State Com		
1. Type of Well: Oil Well Gas Well Other				8. Well Number 2H		
2. Name of Operator				9. OGRID Number		
COG Operating LLC				229137		
3. Address of Operator				10. Pool name or Wildcat		
2208 W. Main Street, Artesia, NM 88210			1	Gatuna Canyon; Bone Spring		
					Spring .	
4. Well Location Unit Letter O	: 480 feet from t	he <u>South</u> lin	e and 2030	feet from the Ea	ıst line	
Section 2	Township 20			NMPM Eddy	County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
	5	3219' GR	,,,			
•	CHANGE PLANS	N	•	ENT REPORT OF	F: CASING	
DOWNHOLE COMMINGLE				•	1	
OTHER:		ОТИБР	Commissio	on Operations		
13. Describe proposed or com	nleted energtions (Class	U OTHER		on Operations	x astimated data	
of starting any proposed v proposed completion or re	ork). SEE RULE 19.15.					
6/26/13 to 7/3/13 MIRU. Test 9 5 7 1/2% acid. Frac w/3053103# san		00#. Perforate Bone	Spring 8717-12729	9' (460). Acdz w/310	39 gal	
7/9/13 to 7/11/13 Drilled out all C	FP's. Circulated clean.	•	RECEI	VED		
7/13/13 Set 2.7/8" 6.5# L-80 tbg @	8054'. Placed well on p	oump.			, 9	
7/16/12 Dagger numering healt & to	i otima		JUL 31	2013		
7/16/13 Began pumping back & te	sting.		NMOCD AF	TESIA		
		· ·			• •	
Spud Date: 5/30/1	3 Rig	Release Date:	6/14/13			
11	1	-4-4-41-11-11-1	1 1 1 11 11	<u> </u>	•	
I hereby certify that the information	above is true and compl	ete to the best of my	knowledge and bell	er.		
SIGNATURE	TIT	TLE: Regulatory	Analyst	DATE: <u>7/</u>	29/13	
Type or print name: Stormi D	avis E-1	nail address: <u>sdavi</u>	s@concho.com	PHONE: <u>(5</u>	75) 748-6946	
For State Use Only	~ A a					
APPROVED BY: Conditions of Approval (if any):	acl TI	tle <i>D157 </i>	pewisn	DATE AG	ا 303	