

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

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

Form C-103
Revised August 1, 2011

| | | |
|--|--|---|
| 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.) | | WELL API NO. 30-015-41238 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator COG Operating LLC | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 2208 W. Main Street, Artesia, NM 88210 | | 7. Lease Name or Unit Agreement Name Shoeless Joe 32 State Com |
| 4. Well Location Unit Letter <u>E</u> : <u>2310</u> feet from the <u>North</u> line and <u>190</u> feet from the <u>West</u> line Section <u>32</u> Township <u>19S</u> Range <u>30E</u> NMPM <u>Eddy</u> County | | 8. Well Number 2H |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3318' GR | | 9. OGRID Number 229137 |
| | | 10. Pool name or Wildcat Parkway; Bone Spring |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Completion Operations ☒

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.

4/15/14 MIRU. Load & test csg to 1500#. Good test. Perforate 12790-12800' (60) & perform injection test.

5/27/14 to 5/31/14 Perforate Bone Spring 8588-12740' (672). Acdz w/84990 gal 7 1/2% acid. Frac w/6353244# sand & 4094354 gal fluid.

6/10/14 to 6/12/14 Drill out all plugs & circulate clean.

6/13/14 Set 2 7/8" 6.5# L-80 tbg @ 7801' & place well on pump.

6/14/14 Began flowing back & testing.

NM OIL CONSERVATION
ARTESIA DISTRICT

JUL 10 2014

Spud Date:

3/25/14

Rig Release Date:

4/8/14

RECEIVED

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: 7/8/14

Type or print name: Stormi Davis

E-mail address: sdavis@concho.com

PHONE: (575) 748-6946

For State Use Only

APPROVED BY:

RDade

TITLE

Dist. Supervisor

DATE

7-29-2014

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0770
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9770
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

NM OIL CONSERVATION

ARTESIA DISTRICT Energy, Minerals & Natural Resources Department

State of New Mexico

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

RECEIVED

JUL 10 2014

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

☐ AMENDED REPORT
(As Drilled)

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|--|--|---|
| ¹ API Number 30-015-41238 | ² Pool Code 49622 | ³ Pool Name Parkway; Bone Spring |
| ⁴ Property Code 39391 | ⁵ Property Name Shoeless Joe 32 State Com | ⁶ Well Number 2H |
| ⁷ OGRID No. 229137 | ⁸ Operator Name COG Operating LLC | ⁹ Elevation 3318' GR |

10 Surface Location

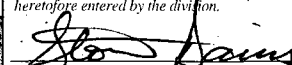
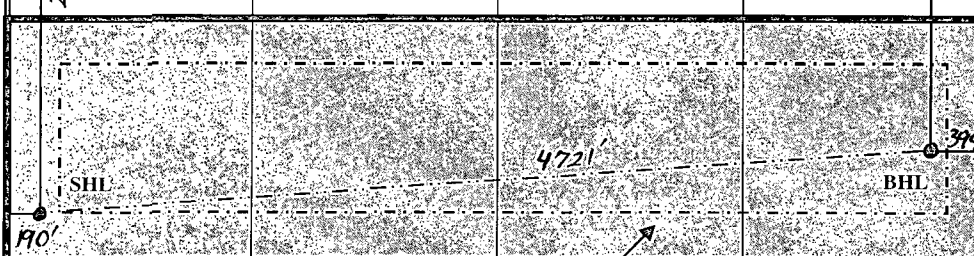
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|-----------|------------|------------|---------|---------------|------------------|---------------|----------------|-------------|
| E | 32 | 19S | 30E | | 2310 | North | 190 | West | Eddy |

11 Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|-----------|------------|------------|---------|---------------|------------------|---------------|----------------|-------------|
| H | 32 | 19S | 30E | | 1991 | North | 399 | East | Eddy |

| | | | |
|---|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres 160 | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No. |
|---|-------------------------------|----------------------------------|-------------------------|

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

| | | | | | | |
|---|--|--|--|--|--|--|
| 16 | | | | | 17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  Signature Date 7/8/14 Stormi Davis Printed Name sdavis@concho.com E-mail Address | |
|  | | | | | | |
| 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: REFER TO ORIGINAL PLAT Certificate Number | | | | | | |