

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. 30-015-42332
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 Graham Cracker 16 State
8. Well Number 7H
9. OGRID Number 229137
10. Pool name or Wildcat Hay Hollow; Bone Spring

**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  
2208 W. Main Street, Artesia, NM 88210

4. Well Location  
 Unit Letter B : 190 feet from the North line and 1370 feet from the East line  
 Section 16 Township 26S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3047' GR

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

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

7/3/14 MIRU. Set test plug & test to 9500#. Good test. Remove test plug. Set CBP @ 13680' & test to 8536#. Good test. Perf 13630-13640' (60). Perform injection test.

10/18/14 to 10/21/14 Perforate Bone Spring 9360-13580' (540). Acadz w/93485 gal 7 1/2% acid. Frac w/6781204# sand & 4102557 gal fluid.

10/25/14 Began flowing back & testing.

Spud Date: 5/30/14

Rig Release Date: 6/24/14

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

NOV 19 2014

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: 11/17/14  
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

**For State Use Only**

APPROVED BY: *Bill Dade* TITLE: DIST SUPERVISOR DATE: 11/21/2014  
 Conditions of Approval (if any):

District I  
1625 N. French Dr., Hobbs, NM 88240  
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District IV  
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Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
**NM OIL CONSERVATION**  
Energy, Minerals & Natural Resources Department  
ARTESIA DISTRICT  
**OIL CONSERVATION DIVISION**  
NOV 19 2014  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
**RECEIVED**

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office  
 AMENDED REPORT  
(As Drilled)

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number <b>30-015-42332</b>		<sup>2</sup> Pool Code <b>30215</b>		<sup>3</sup> Pool Name <b>Hay Hollow; Bone Spring</b>	
<sup>4</sup> Property Code <b>40079</b>		<sup>5</sup> Property Name <b>Graham Cracker 16 State</b>			<sup>6</sup> Well Number <b>7H</b>
<sup>7</sup> OGRID No. <b>229137</b>		<sup>8</sup> Operator Name <b>COG Operating LLC</b>			<sup>9</sup> Elevation <b>3047' GR</b>

<sup>10</sup> Surface Location

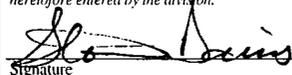
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>B</b>	<b>16</b>	<b>26S</b>	<b>28E</b>		<b>190</b>	<b>North</b>	<b>1370</b>	<b>East</b>	<b>Eddy</b>

<sup>11</sup> 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
<b>O</b>	<b>16</b>	<b>26S</b>	<b>28E</b>		<b>343</b>	<b>South</b>	<b>1808</b>	<b>East</b>	<b>Eddy</b>

<sup>12</sup> Dedicated Acres <b>160</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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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	Producing Area 9360-13640'	SHL	1370'	<sup>17</sup> OPERATOR CERTIFICATION <i>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.</i>  Signature 11/13/14 Date Stormi Davis Printed Name sdavis@concho.com E-mail Address
		BHL	1808'	