

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 87400
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

NM OIL CONSERVATION

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

FEB 23 2015

RECEIVED

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

WELL API NO. 30-015-41923
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 MYOX 8 State
8. Well Number 3H
9. OGRID Number 229137
10. Pool name or Wildcat Hay Hollow; Bone Spring, North
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3100' 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 Operating LLC

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

4. Well Location
 Unit Letter C : 190 feet from the North line and 2170 feet from the West line
 Section 17 Township 26S Range 28E NMPM Eddy County

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

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

12/4/14 Test 9 5/8" x 5 1/2" annulus to 1500#. Good test. Ran CBL. TOC @ 1320'. Set CBP @ 12820'. Test csg to 8521#. Good test. Perforate 12770-12780' (60). Perform injection test.

12/30/14 to 1/13/15 Perforate Bone Spring 8262-12720' (540). Acdz w/96955 gal 7 1/2% acid. Frac w/6733154# sand & 6269389 gal fluid.

1/15/15 Began flowing back & testing.

Spud Date: 11/1/14 Rig Release Date: 11/17/14

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: 2/18/15
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY: *Bill Wade* TITLE: Dist. P.S. Supervisor DATE: 2/16/15
 Conditions of Approval (if any):