

Substitit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
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
May 27, 2004

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|---|
| WELL API NO. 30-015-34495 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E-742 |
| 7. Lease Name or Unit Agreement Name Mesquite State |
| 8. Well Number 14 |
| 9. OGRID Number 229137 |
| 10. Pool name or Wildcat Empire; Yeso, East-96610 |

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|---|-------------|
| 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | RECEIVED |
| 2. Name of Operator COG Operating LLC | APR 25 2006 |
| 3. Address of Operator 550 W. Texas, Suite 1300, Midland, TX 79701 | COG-ARTESIA |
| 4. Well Location Unit Letter <u>K</u> <u>2310</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>20</u> Township <u>17S</u> Range <u>29E</u> NMPM County <u>Eddy</u> | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3623' GR | |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> | |
| Pit type <u>Depth Groundwater</u> Distance from nearest fresh water well _____ Distance from nearest surface water _____ | |
| Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____ | |

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

| | | | |
|--|---|--|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| 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"/> | |
| OTHER: _____ <input type="checkbox"/> | | OTHER: <u>Completion</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

03/06/2006 Perforated from 5484-5715' 54 holes.
03/07/2006 Acidized w/2500 gals 15% NEFE.
03/08/2006 Set CIBP @ 5384' w/35' cement cap. Perforated from 4825-5166.5' 38 holes.
03/09/2006 Acidized w/2000 gals 15% NEFE.
03/10/2006 Frac w/8000# LitProp, 30,000 gals 30# gel, 88,500# 16/30 sand, 44,000 gals 40# gel.
03/11/2006 RIH w/165 joints 2 7/8" tubing SN @ 5168', RIH w/2 1/2x2x24' pump.
04/04/2006 Perforated from 4448-4676' 60 holes. Acidized w/2500 gals 15% NEFE.
04/05/2006 Frac w/93,912 gals Viking Hybrid gel, 8,000# LiteProp, 88,500# 16/30 sand.
04/06/2006 RIH w/165 joints 2 7/8" tubing SN @ 5168', RIH w/2 1/2x2x24' pump.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Jerry W. Sherrell TITLE Production Clerk DATE 4/24/2006
Type or print name Jerry W. Sherrell E-mail address: DKuykendall@conchoresources.com Telephone No. (432)685-4372
For State Use Only

APPROVED BY: _____ TITLE _____ DATE APR 25 2006
Conditions of Approval (if any): _____