| Submit 3 Copies To Appropriate District Office  | State of New Mexico                                 |                          |                         |                           | Form C-103                            |
|---|---|--------------------------|-------------------------|---------------------------|---------------------------------------|
| District I  | Energy, Minerals a                                  | ind Natui                | ral Resources           |                           | May 27, 2004                          |
| • 1625 N. French Dr., Hobbs, NM 88240<br>District II  |   |                          |                         | WELL API NO. 30-015-32565 |                                       |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION   |   |                          | 5. Indicate Type        | of Lease                  |                                       |
| District III 1220 South St. Francis Dr.   |   |                          |                         | FEE                       |                                       |
| 1000 Rio Brazos Rd., Azzec, NM 87410 District IV Santa Fe, NM 87505   |   |                          |                         | 6. State Oil & G          |                                       |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |   |                          |                         | V-6248                    |                                       |
|   | CES AND REPORTS ON                                  |                          |                         | 7. Lease Name of          | or Unit Agreement Name                |
| (DO NOT USE THIS FORM FOR PROPOS<br>DIFFERENT RESERVOIR. USE "APPLIC  | ALS TO DRILL OR TO DEEPI<br>ATION FOR PERMIT" (FORM | EN OR PLU<br>I C-101) FO | JG BACK TO A<br>PR SUCH | Coyote State              |                                       |
| PROPOSALS.)  1. Type of Well: Oil Well  | Gas Well  Other                                     | 7                        | 2000                    | 8. Well Number            | 7                                     |
| 2. Name of Operator   |   | OCD                      |                         | 9. OGRID Numl             | per                                   |
| COG Operating LLC   | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \             | 2 000                    | - ARTESIA N             | 229137                    |                                       |
| 3. Address of Operator  | A: II A TIX GOGOL                                   | 12                       | (c <sub>0</sub> /       | 10. Pool name of          | l l                                   |
| 550 W. Texas Ave., Suite 1300   | Midland, 1X 79701                                   | 150,51                   | <u> </u>                | Maljamar GB S             | A                                     |
| 4. Well Location  | 4.550   | -                        | HOLES                   |                           |                                       |
| Unit Letter <u>H</u> :  | 1650 feet from the                                  |                          |                         |                           | n the <u>East</u> line                |
| Section 36  | Township 17S 11. Elevation (Show whe                |                          | inge 31E                | NMPM                      | County Eddy                           |
|   | 11. Elevation (Snow whe                             | 3845'                    |                         |                           |                                       |
| Pit or Below-grade Tank Application 🗌 or  | r Closure 🗌   | 30.0                     |                         |                           | · · · · · · · · · · · · · · · · · · · |
| Pit typeDepth to Groundwa   | iterDistance from near                              | est fresh w              | ater well Dista         | nce from nearest sur      | face water                            |
| Pit Liner Thickness: mil  | Below-Grade Tank: Volu                              | ıme                      | bbls; Cor               | nstruction Material       |                                       |
| 12. Check A   | appropriate Box to Ind                              | licate N                 | ature of Notice, I      | Report or Other           | : Data                                |
|   |   |                          |                         | · ·                       |                                       |
| NOTICE OF INTENTION TO: SUBS  |   |                          |                         | SEQUENT RE                | :PORT OF:<br>ALTERING CASING □        |
| TEMPORARILY ABANDON   |   |                          |                         | _                         | P AND A                               |
| PULL OR ALTER CASING  | MULTIPLE COMPL                                      |                          | CASING/CEMENT           |                           |                                       |
| _   | MOETH EL COMI E                                     | <del></del>              |                         | _                         |                                       |
| OTHER:  |   |                          | OTHER: Addition o       | of GB SA Perfs            |                                       |
| 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.  |   |                          |                         |                           |                                       |
| 08-11-06 Perf. GB SA w/2 SPF @ 3586'-3752. 50 holes. RU BJ for 2500 Gal Acid Job. Spot @ 3766'. Treat @ 3518'. Breakdown w/100 balls. Balled off to 5100#.  |   |                          |                         |                           |                                       |
| 08-12-06 AM SITP 80 psi.  |   |                          |                         |                           |                                       |
| 08-13-06 Latched onto BP. TOH   |   |                          |                         |                           |                                       |
| 08-15-06 RIH w/SN, NC, new 2 ½ X 1 ½ X 20' Brass NiCarb pmp. Space well out. Hang on good pmp action.   |   |                          |                         |                           |                                       |
| oo 10 00 1111 mong non 2 /2/11 /2/12/0 States thouse print opiner from out thank on good print dedicing   |   |                          |                         |                           |                                       |
|   |   |                          |                         |                           |                                       |
|   |   |                          |                         |                           |                                       |
|   |   |                          |                         |                           |                                       |
|   |   |                          |                         |                           |                                       |
|   |   |                          |                         |                           |                                       |
| 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 COLO  | Esnaturel   | TTLE                     | Regulatory Analy        | /st                       | DATE_ <u>11/20/2006</u>               |
| Type or print name Carol Ann La   | nce E-mail address:                                 | clance@                  | conchoresources.c       | om Telephone N            | lo. <b>432-685-4395</b>               |
| For State Use Only  |   |                          |                         |                           | DEC 2 7 2006                          |
| APPROVED BY:  | RECORDS ONLY  | TITLE                    |                         |                           | DATE                                  |
| Conditions of Approval (if any):  | 1   |                          |                         |                           |                                       |