Submit 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

WELL API NO. **30-015-30668**

5. Indicate Type of Lease **FEDERAL** STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name **JENKINS B FEDERAL**

1. Type of Well: Oil Well ☐ Gas Well ☒ Other **Water Injection**

8. Well Number **10**

2. Name of Operator **COG Operating LLC**

9. OGRID Number **229137**

3. Address of Operator **550 W. Texas Ave., Suite 1300 Midland, TX 79701**

10. Pool name or Wildcat

4. Well Location
Unit Letter **C** : **850** feet from the **North** line and **2310** feet from the **West** line
Section **20** Township **17S** Range **30E** NMPM **Eddy** County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* **3649**

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type_____ Depth to Groundwater_____ 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	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
OTHER:	☐			OTHER: **Convert to injection**	☒		

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.

08/20/07 Release pump, LD rods & pump. MIRU reverse unit, frac tank. Pump LSW via csg. Release TA. NU BOP. TOOH w/ tbg. LD TA. PU 4 3/4" bit, casing scraper, XO, 149 jts tbg. Tag PBTD - 4,02' Pump 200 bbls LSW via annulus, no circ. TOOH.

08/21/07 TOOH, LD bit and scraper. PU K-3 treating packer. Set packer @ 4,353'. Load annulus, test to 500 psi, 2 hrs. Acidize via tbg. w 2,500 gallons acid. Release packer.

08/22/07 LD tbg & packer. PU PC WLRG, 5 1/2" PL Arrowset packer, PL 2.25" SN, 138 jts 2 7/8" PC J-55 6.5# EUE tbg., Set packer @ 4,370' in 12K tension. Load annulus with fresh water packer fluid. ND BOP. NU WH. Pressure test casing to 400 psi for 30 min. RD WSU. MIT test scheduled for 9:00 AM Thursday.

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 Phyllis Edwards TITLE Regulatory Analyst DATE 8/24/07

Type or print name Phyllis Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340

For State Use Only

APPROVED BY: Richard Ingram TITLE Compliance Officer DATE 9/4/2007

Conditions of Approval (if any):

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PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
OTHER:	☐			OTHER: **MIT TEST & CHART**	☒		

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.

8-23-07 OCD Field Inspector District II representative Richard Inge ran successful MIT.
COG representative Morris Keith witnessed test.
Chart is attached.

TD	PKR DEPTH	BARRELS INJECTING	RATE
4702	4370	500	500

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 ☐.**

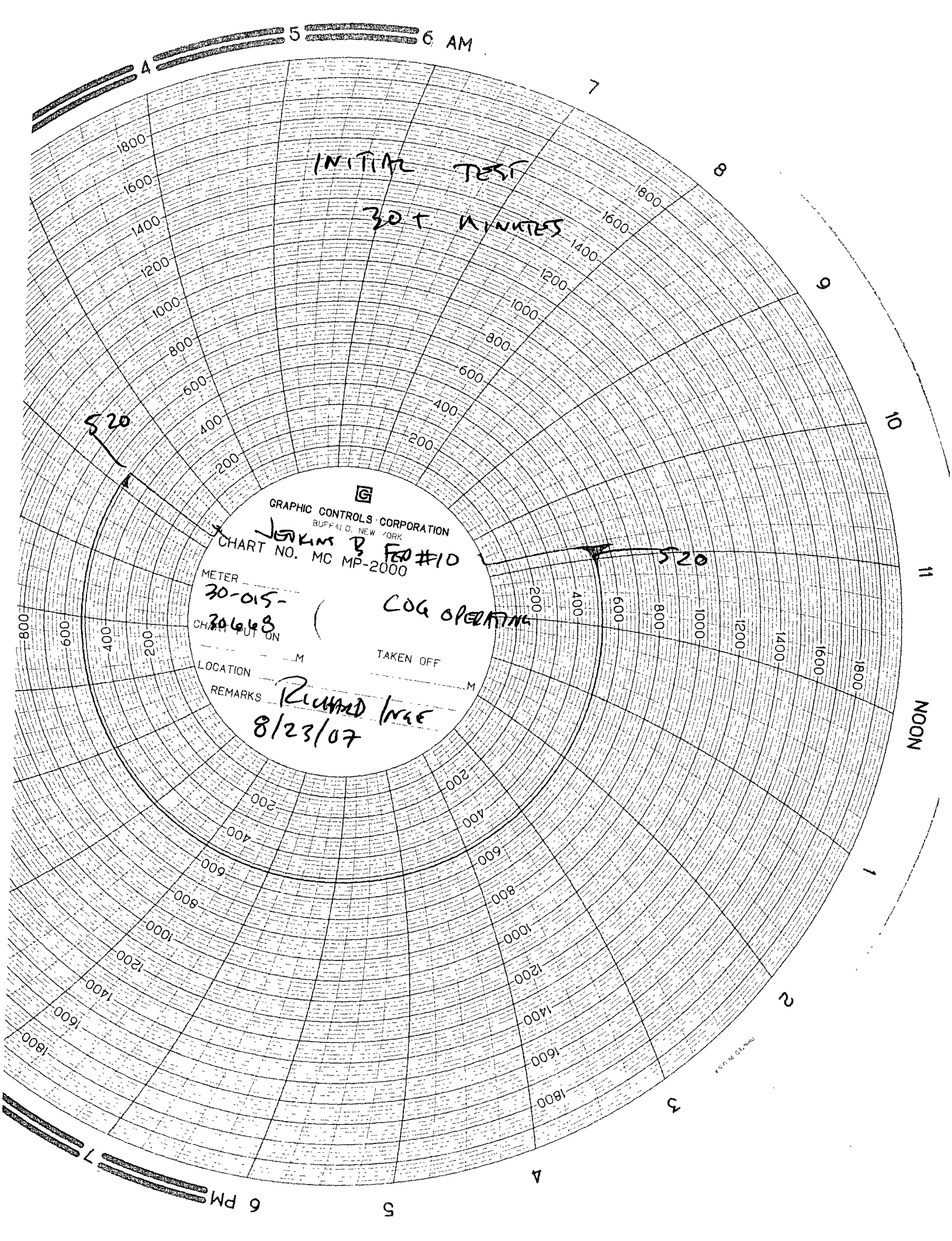
SIGNATURE Phyllis Edwards TITLE Regulatory Analyst DATE 8/24/07

Type or print name Phyllis Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):


INITIAL TEST
30 t MINUTES
520
520
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-2000
JENKINS B FED #10
METER
30-015-
20648
COG OPERATING
PUT ON
M
TAKEN OFF
M
LOCATION
REMARKS
RUNNED INTE
8/23/07
6 AM
NOON
6 PM