


|                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| Submit To Appropriate District Office<br>State Lease - 6 copies<br>Fee Lease - 5 copies<br>District I<br>1625 N French Dr., Hobbs, NM 88240<br>District II<br>1301 W Grand Avenue, Artesia, NM 88210<br>District III<br>1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV<br>1220 S St Francis Dr., Santa Fe, NM 87505 |                      | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><br><div style="font-size: 2em; float: left; margin-right: 10px;">S</div> <b>Oil Conservation Division</b><br><b>1220 South St. Francis Dr.</b><br><b>Santa Fe, NM 87505</b> |                                                 | <b>Form C-105</b><br>Revised June 10, 2003                             |                             |
|                                                                                                                                                                                                                                                                                                                          |                      | WELL API NO.                                                                                                                                                                                                                                                |                                                 | 30-015-35656                                                           |                             |
|                                                                                                                                                                                                                                                                                                                          |                      | 5. Indicate Type of Lease                                                                                                                                                                                                                                   |                                                 | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |                             |
|                                                                                                                                                                                                                                                                                                                          |                      | State Oil & Gas Lease No.                                                                                                                                                                                                                                   |                                                 |                                                                        |                             |
| <b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| 1a Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                                                                           |                      |                                                                                                                                                                                                                                                             |                                                 | 7 Lease Name or Unit Agreement Name                                    |                             |
| b Type of Completion:<br>NEW <input checked="" type="checkbox"/> WORK <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> DIFF <input type="checkbox"/><br>WELL OVER BACK RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>                                              |                      |                                                                                                                                                                                                                                                             |                                                 | Imperial State                                                         |                             |
| 2 Name of Operator                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                                                                                             |                                                 | 8. Well No.                                                            |                             |
| COG Operating LLC                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                                                                                             |                                                 | 008                                                                    |                             |
| 3 Address of Operator                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                                                                                                             |                                                 | 9. Pool name or Wildcat                                                |                             |
| 550 W. Texas Ave., Suite 1300 Midland, TX 79701                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                             |                                                 | Loco Hills; Glorieta Yeso 96718                                        |                             |
| 4. Well Location                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| Unit Letter <b>O</b> <b>330</b> Feet From The <b>South</b> Line and <b>2310</b> Feet From The <b>East</b> Line                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| Section <b>16</b> Township <b>17S</b> Range <b>30E</b> NMPM <b>Eddy</b> County                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| 10 Date Spudded                                                                                                                                                                                                                                                                                                          | 11 Date T.D. Reached | 12 Date Compl (Ready to Prod.)                                                                                                                                                                                                                              | 13. Elevations (DF& RKB, RT, GR, etc )          | 14. Elev Casinghead                                                    |                             |
| 08/21/07                                                                                                                                                                                                                                                                                                                 | 08/31/07             | 09/25/07                                                                                                                                                                                                                                                    | 3764 GR                                         |                                                                        |                             |
| 15 Total Depth                                                                                                                                                                                                                                                                                                           | 16 Plug Back T D     | 17 If Multiple Compl. How Many Zones?                                                                                                                                                                                                                       | 18 Intervals Drilled By                         | Rotary Tools                                                           | Cable Tools                 |
| 5855                                                                                                                                                                                                                                                                                                                     | 5796                 |                                                                                                                                                                                                                                                             |                                                 | X                                                                      |                             |
| 19 Producing Interval(s), of this completion - Top, Bottom, Name                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                             |                                                 | 20 Was Directional Survey Made                                         |                             |
| 4810 - 5730 Yeso                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                                             |                                                 | No                                                                     |                             |
| 21 Type Electric and Other Logs Run                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                                                                                             |                                                 | 22. Was Well Cored                                                     |                             |
| CN / HNGS, Micro CFL / HNGS                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                                                                                             |                                                 | No                                                                     |                             |
| 23. <b>CASING RECORD (Report all strings set in well)</b>                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| CASING SIZE                                                                                                                                                                                                                                                                                                              | WEIGHT LB /FT        | DEPTH SET                                                                                                                                                                                                                                                   | HOLE SIZE                                       | CEMENTING RECORD                                                       | AMOUNT PULLED               |
| 13 3/8                                                                                                                                                                                                                                                                                                                   | 48                   | 440                                                                                                                                                                                                                                                         | 17 1/2                                          | 1113 sx                                                                | Circ 5                      |
| 8 5/8                                                                                                                                                                                                                                                                                                                    | 32                   | 1350                                                                                                                                                                                                                                                        | 12 1/4                                          | 800 sx                                                                 | Circ 278                    |
| 5 1/2                                                                                                                                                                                                                                                                                                                    | 17                   | 5855                                                                                                                                                                                                                                                        | 7-7/8                                           | 1150 sx                                                                | Circ 157                    |
| 24. <b>LINER RECORD</b>                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| SIZE                                                                                                                                                                                                                                                                                                                     | TOP                  | BOTTOM                                                                                                                                                                                                                                                      | SACKS CEMENT                                    | SCREEN                                                                 |                             |
|                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| 25. <b>TUBING RECORD</b>                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| SIZE                                                                                                                                                                                                                                                                                                                     | DEPTH SET            | PACKER SET                                                                                                                                                                                                                                                  |                                                 |                                                                        |                             |
| 2-7/8                                                                                                                                                                                                                                                                                                                    | 5651                 |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| 26 Perforation record (interval, size, and number)                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                                                                                             | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. |                                                                        |                             |
| 4810 - 4900                                                                                                                                                                                                                                                                                                              | 2 SPF, 36 holes      | OPEN                                                                                                                                                                                                                                                        | DEPTH INTERVAL                                  | AMOUNT AND KIND MATERIAL USED                                          |                             |
| 4985 - 5180                                                                                                                                                                                                                                                                                                              | 2 SPF, 36 holes      | OPEN                                                                                                                                                                                                                                                        | 4810 - 4900                                     | See attachment                                                         |                             |
| 5265 - 5460                                                                                                                                                                                                                                                                                                              | 2 SPF, 36 holes      | OPEN                                                                                                                                                                                                                                                        | 4985 - 5180                                     | See attachment                                                         |                             |
| 5534 - 5730                                                                                                                                                                                                                                                                                                              | 2 SPF, 30 holes      | OPEN                                                                                                                                                                                                                                                        | 5534 - 5730                                     | See attachment                                                         |                             |
| 28 <b>PRODUCTION</b>                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| Date First Production                                                                                                                                                                                                                                                                                                    |                      | Production Method (Flowing, gas lift, pumping - Size and type pump)                                                                                                                                                                                         |                                                 | Well Status (Prod or Shut-in)                                          |                             |
| 09/28/07                                                                                                                                                                                                                                                                                                                 |                      | 2-1/2 x 2 x 24' pump                                                                                                                                                                                                                                        |                                                 | Producing                                                              |                             |
| Date of Test                                                                                                                                                                                                                                                                                                             | Hours Tested         | Choke Size                                                                                                                                                                                                                                                  | Prod'n For Test Period                          | Oil - Bbl                                                              | Gas - MCF                   |
| 10/04/07                                                                                                                                                                                                                                                                                                                 | 24                   |                                                                                                                                                                                                                                                             |                                                 | 114                                                                    | 181                         |
| Water - Bbl.                                                                                                                                                                                                                                                                                                             | Gas - Oil Ratio      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| 250                                                                                                                                                                                                                                                                                                                      | 1587                 |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| Flow Tubing Press.                                                                                                                                                                                                                                                                                                       | Casing Pressure      | Calculated 24-Hour Rate                                                                                                                                                                                                                                     | Oil - Bbl.                                      | Gas - MCF                                                              | Water - Bbl.                |
|                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        | Oil Gravity - API - (Corr ) |
|                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        | 37.7                        |
| 29 Disposition of Gas (Sold, used for fuel, vented, etc )                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        | Test Witnessed By           |
| Sold                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        | Kent Greenway               |
| 30 List Attachments                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| Logs, C102, C103, Deviation Report, C104                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| 31 I hereby certify that the information shown on both sides of this form as true and complete to the best of my knowledge and belief                                                                                                                                                                                    |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| Signature                                                                                                                                                                                                                                                                                                                |                      | Printed Name                                                                                                                                                                                                                                                |                                                 | Title                                                                  | Date                        |
|                                                                                                                                                                                                                                       |                      | Kanicia Carrillo                                                                                                                                                                                                                                            |                                                 | Regulatory Analyst                                                     | 010/10/07                   |
| E-mail Address                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |
| kcarrillo@conchoresources.com                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                                                                                             |                                                 |                                                                        |                             |

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

| Southeastern New Mexico   |                            | Northwestern New Mexico |                  |
|---------------------------|----------------------------|-------------------------|------------------|
| T. Anhy                   | T. Canyon                  | T. Ojo Alamo            | T. Penn. "B"     |
| T. Salt                   | T. Strawn                  | T. Kirtland-Fruitland   | T. Penn. "C"     |
| B. Salt                   | T. Atoka                   | T. Pictured Cliffs      | T. Penn. "D"     |
| T. Yates <b>1193</b>      | T. Miss                    | T. Cliff House          | T. Leadville     |
| T. 7 Rivers <b>1494</b>   | T. Devonian                | T. Menefee              | T. Madison       |
| T. Queen <b>2101</b>      | T. Silurian                | T. Point Lookout        | T. Elbert        |
| T. Grayburg               | T. Montoya                 | T. Mancos               | T. McCracken     |
| T. San Andres <b>2823</b> | T. Simpson                 | T. Gallup               | T. Ignacio Otzte |
| T. Glorieta <b>4255</b>   | T. McKee                   | Base Greenhorn          | T. Granite       |
| T. Paddock                | T. Ellenburger             | T. Dakota               | T.               |
| T. Blinebry               | T. Gr. Wash                | T. Morrison             | T.               |
| T. Tubb                   | T. Delaware Sand           | T. Todilto              | T.               |
| T. Drinkard               | T. Bone Spring             | T. Entrada              | T.               |
| T. Abo                    | T. Morrow                  | T. Wingate              | T.               |
| T. Wolfcamp               | T. <b>Yeso</b> <b>4325</b> | T. Chinle               | T.               |
| T. Penn                   | T.                         | T. Permian              | T.               |
| T. Cisco (Bough C)        | T.                         | T. Penn "A"             | T.               |

## OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....

No. 3, from.....to.....

No. 2, from.....to.....

No. 4, from.....to.....

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from ..... to ..... feet.....

No. 2, from ..... to ..... feet.

No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To | Thickness<br>In Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |

| From | To | Thickness<br>In Feet | Lithology |
|------|----|----------------------|-----------|
|      |    |                      |           |