Subtitut 3, Copies To Appropriate District Office	State of New Mexico		Form C-103		
District I 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		May 27, 2004 WELL API NO.		
District 11	OIL CONSERVATION DIVISION		30-015-26640		
1301 W Grand Ave, Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE ☑ FEE ☐		
1000 Rio Brazos Rd, Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S St Francis Dr , Santa Fe, NM 87505			B-514		
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				Unit Agreement Name	
			GJ West Coop Un	; ₊	
PROPOSALS)	ROPOSALS)		8. Well Number 93		
1. Type of Well: Oil Well 2. Name of Operator	Gas Well U Other		9. OGRID Number		
COG Ope	COG Operating, LLC			229137	
3. Address of Operator			I 0. Pool name or WildcatGrayburg Jackson;		
550 W. Texas, Suite 1300 Midlar	d, TX 79701		7RVS-QN-G-SA/En		
4. Well Location	990 feet from the North		2070 feet from	West	
Unit Letter	reet nom the			TD 1.1	
Section28	Township 178 Rar I 1. Elevation (Show whether DR,	-8*	NMPM	County <u>Eddy</u>	
	3582'			No. of the second second	
Pit or Below-grade Tank Application	or Closure				
Pit typeDepth Groundw	aterDistance from nearest fresh wa	iter well Dis	tance from nearest surfa	ace water	
Pit Liner Thickness: mi	Below-Grade Tank: Volume	bbls; Co	nstruction Material		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING TEMPORARILY ABANDON TEM	CHANGE PLANS MULTIPLE COMPL pleted operations. (Clearly state all powork). SEE RULE 1103. For Multiple 6'. 'w/2000 gals 15% NE. 'w/32,000 gals 20% NE, 54,000 gals	REMEDIAL WOR COMMENCE DR CASING/CEMEN OTHER: Amend et ails, and et completions: At als gel, 5000 gals	ILLING OPNS T JOB ed Completion d give pertinent date tach wellbore diagra	P AND A s, including estimated date	
I hereby certify that the information grade tank has been/will be constructed sometimes. SIGNATURE Type or print name Diane Kuyker	1.)	, a general permit	or an (attached) altern	native OCD-approved plan DATE 9/6/06	
Type or print name For State Use Only	E-mail addre	ess: dkuykendall@co	Tenoresources.com	elephone No. <u>(432)</u> 683-74	

APPROVED BY: TITLE Conditions of Approval (if any):

JUL 1 1 2006