Energy Minerals and Natural Resources May 27, 2004	T. A. D. D. A. D.				F. C.102	
Well LAPLNO Survey Survey Survey Well LAPLNO Survey	Subtiff 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
1220 South St. Francis Dr. Santa Fe, NM 87505 SunDRY NOTICES AND REPORTS ON WELLS SunDRY NOTICES AND REPORTS ON WELLS AND REPORTS OF WELLS	District I 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Nat	ural Kesources		May 21, 2004	
1220 South St. Francis Dr. STATE FE STATE State Oil & Gas Lease No. State Oil & Gas Lease Name or Unit Agreement Name State Oil & Gas Lease Name or Unit Agreement Name State Oil & Gas Lease Name or Unit Agreement Name State Oil & State Oil & State Oil & State Oi	District 11 1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION	N DIVISION		ease	
Santa Fe, NM 87505 SINDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DESIZES OR PLUG BACK TO A INCRESSAT SUSPECTIVE CHARACTOR INSEPTICATION FOR PRINCIP (FORM CLID) FOR SUCH ROPASALS, 1. Type of Well: Oil Well Giss Well Other 1. Name of Operator COG Operating, LLC 3. Address of Operator 1. Note of Operator 1. Note of Operator 1. Well Location Unit Letter F 2210 feet from the North ine and 2310 feet from the West line Section 22 Township 17S Range 29E NMFM County Eddy TI. Elevation (Show whether DR, RKB, RR, GR, etc.) 3548 Gis 1. Clearly Santa Report of Other Online Section 12. Clearly Santa Report of Other Other Section 12. Clearly Santa Report of Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS OF HERMOLE WORK PLUG AND ABANDON CHANGE PLANS OF HERMOLE WORK AND CHANGE P	District III	1220 South St. Fra	ıncis Dr.	STATE STATE STATE		
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GI West Coop Unit Reversion GI West Coop Unit Reversion GI West Coop Unit Reversion Reve		CES AND REPORTS ON WELL	S .		it Agreement Name	
Rope of Nell: Oil Well Qas Well Other S. Well Number 96						
Address of Operator 10. Pool name or Wildcaterayburg Jackson; 7RVS-QN-G-SA/Empire; Yeso,East NPK - QN-GRID Number 2201						
COG Operating, LLC 3. Address of Operator 50 W. Texas, Suite 1300 Midland, TX 79701 3. Well Location Unit Letter F 2210 feet from the North line and 2310 feet from the West line Section 22 Township 17S Range 29E NMPM County Eddy 11. Elevation (Show whether DR, RRB, RT, GR, etc.) 12. Closure Depth Groundwater Distance from nearest fresh water well blistance from nearest surface water thiner Thickness: nit type Depth Groundwater Distance from nearest fresh water well blist Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OFNS PAND A CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB CHANGE PLANS CASING/CEMENT JOB CASING/CEME		Gas Well Other				
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Well Location	3. Address of Operator					
Unit Letter F 2210 feet from the North line and 2310 feet from the West line Section 222 Township 17S Range 29E NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS PAND A PAND A PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A OTHER: Amended Completion ALTERING CASING CASING/CEMENT JOB OTHER Amended Completion or recompletion. 13. Describe proposed or completed operations. (Clearly state all pertine details, and give pertinent dates, including estimated data of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 13. Perfortated from 2663-4245'. 14-91 Acidized perfs 3958-4245' w/2000 gals 15% NE. Acidized perfs 2663-3319 w/4000 als 10% NE. 18-91 Fractorized from 2663-4245'. 18-91 Fractorized from 2663-4245' w/2000 gals 20% NE, 54,000 gals 30# gel, 5000 gals 15% NE. 18-91 Fractorized from 2663-4245' w/32,000 gals 20% NE, 54,000 gals 30# gel, 5000 gals 15% NE. 18-91 Fractorized from 2663-4245' w/32,000 gals 20% NE, 54,000 gals 30# gel, 5000 gals 15% NE. 18-91 Fractorized from 2663-425' w/32,000 gals 20% NE, 54,000 gals 30# gel, 5000 gals 15% NE. 18-91 Fractorized from 2663-4245' w/32,000 gals 20% NE, 54,000 gals 30# gel, 5000 gals 15% NE. 18-91 Fractorized from 2663-425' w/32,000 gals 20% NE, 54,000 gals 30# gel, 5000 gals 15% NE. 18-91 Fractorized from 2663-425' w/32,000 gals 20% NE, 54,000 gals 30# gel, 5000 gals 15% NE. 18-91 Fractorized from 2663-425' w/32,000 gals 20% NE, 54,000 gals 30# gel, 5000 gals 15% NE. 18-91 Fractorized from 2663-425' w/32,000 gals 20% NE, 54,000 gals 30# gel, 5000 gals 15% NE. 18-91 Fractorized	50 W. Texas, Suite 1300 Midland,	TX 79701				
Section 22 Township 17S Range 29E NMPM County Eddy	4. Well Location					
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State Stat	Section22		(шібе		ountyEddy	
It type						
Reliner Thickness: mil Below-Grade Tank; Volume bbls; Construction Material	it or Below-grade Tank Application or					
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NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK	12. Check Ar	opropriate Box to Indicate I	Nature of Notice.	Report or Other Da	ıta	
rade tank has been/will be constructed or closed according to NYOCD guidelines a general permit or an (attached) alternative OCD-approved plan IGNATURE TITLE Production Analyst DATE 9/5/06 E-mail address: dkuykendall@conchoresources.com Telephone No. (432) 683-7 or State Use Only	DTHER: 13. Describe proposed or comple of starting any proposed wo or recompletion. 13-91 Perforated from 2663-4245' 14-91 Acidized perfs 3958-4245' als 10% NE. 18-91 Acidized perfs 3958-4245' 19-91 Frac perfs 2663-3319' w/76	CHANGE PLANS MULTIPLE COMPL cted operations. (Clearly state all rk). SEE RULE 1103. For Multiple w/2000 gals 15% NE. Acidize w/32,000 gals 20% NE, 54,000 5,000 gals gel, 440sx 20/40, 54	COMMENCE DE CASING/CEMEN OTHER: Ameno pertinent details, an ple Completions: And depends 2663-3319 O gals 30# gel, 5000 Osx 12/20 and 210s	RILLING OPNS. PART JOB PART JO	AND A make a stimated date	
or State Use Only		closed according to NMOCD guidelines	s, a general permit [or an (attached) alternativ	e OCD-approved plan	
or State Use Only	vpe or print name Diane Kuykenda	ill E-mail ad	dress: dkuykendall@co	nchoresources.com Tele	phone No. (432) 683-74	
	or State Use Only					

FOR RECORDS ONLY

_TITLE

APPROVED BY: _____Conditions of Approval (if any):

JUL 1 1 2006

DATE