

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

Form C-103

May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-27259
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1266
7. Lease Name or Unit Agreement Name GJ West Coop Unit
8. Well Number 106
9. OGRID Number 229137
10. Pool name or Wildcat Grayburg Jackson ; 7RVS-QN-G-SA/Empire ; Yeso, East

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
COG Operating LLC

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

4. Well Location
Unit Letter K 2310 feet from the South line and 1480 feet from the West line
Section 21 Township 17S Range 29E NMPM County Eddy

5. Elevation (Show whether DR, RKB, RT, GR, etc.)
3608' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: Amended Completion <input checked="" type="checkbox"/>	

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.

3-19-93 Perforated from 2587-4674'.
3-22-93 Acidized perms 4519-4674' w/1000 gals 15% NE.
2-23-93 Set CIBP @ 4463'. Acidized perms 3909-4204' w/2000 gals 15% NE.
3-24-93 Acidized perms 3909-4204' w/32,000 gals 20% NE, 54,000 gals gel, 4000 gals 15% NE.
3-25-93 Acidized perms 3314-3355' w/1000 gals 15% NE. Acidized perms 2587-3355' w/4000 gals 10% NE.
3-29-93 Frac perms 2587-3355' w/160,000 gals gel, 500sx 20/40, 1000sx 12/20, 1000sx 8/16 sand.
4-2-93 RIH w/136 joints 2 7/8" tubing SN @ 4226', RIH w/2 1 1/2x2x22' pump.

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 NMOCB guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Diane Kuykendall TITLE Production Analyst DATE 9/6/06

Type or print name Diane Kuykendall E-mail address: dkuykendall@conchoresources.com Telephone No. (432) 683-7443
For State Use Only

FOR RECORDS ONLY

SEP 08 2008

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____