

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. 30-015-35922
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE S-19
8. Well Number 33
9. OGRID Number 229137
10. Pool name or Wildcat EMPIRE; YESO 96210

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3668' GR

Pit or Below-grade Tank Application ☐ or Closure ☒

Pit type **DRILLING** Depth to Groundwater **115'** Distance from nearest fresh water well **1000'** Distance from nearest surface water **1000'**

Pit Liner Thickness: **12 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 Ave., Suite 1300

4. Well Location
Unit Letter **L** : **1650** feet from the **South** line and **1250** feet from the **West** line
Section **19** Township **17S** Range **29E** NMPM County **EDDY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3668' GR

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

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

01/21/08 Perf w/ 2 SPF @ 4920 - 5120 (36 holes).
01/22/08 Acidize w/ 2,500 gals acid. Frac w/ 67,731 gals gel, 14,984# SiberProp, 75,284# 16/30 sand.
Set comp plug @ 4890. Perf w/ 2 SPF @ 4750 - 4850 (36 holes). Acidize w/ 5,000 gals acid.
Frac w/ 39,188 gals gel, 11,525# SiberProp, 34,800# 16/30 sand.
Set comp plug @ 4680. Perf w/ 2 SPF @ 4455 - 4655 (36 holes). Acidize w/ 5,000 gals acid.
Frac w/ 57,425 gals gel, 13,582# SiberProp, 86,667# 16/30 sand.
01/25/08 Drilled out plugs.
01/29/08 RIH w/ 157 jts 2-7/8" J55 tbg, SN @ 5123.17'. RIH w/ 2-1/2" x 2" x 20' pump. Hang on well.

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 Kanicia Carrillo TITLE Regulatory Analyst DATE 02/27/08

Type or print name **Kanicia Carrillo** E-mail address: **kcarrillo@conchoresources.com** Telephone No. **432-685-4332**
For State Use Only

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

Accepted for record
NMOCD