

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. <b>30-015-37268</b>
5. Indicate Type of Lease <b>FEDERAL</b> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Loco Hills SWD 35</b>
8. Well Number <b>2</b>
9. OGRID Number <b>229137</b>
Pool name or Wildcat SWD; Wolfcamp

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>SWD</b>	<b>RECEIVED</b> <b>JAN 08 2010</b> <b>NMOCD ARTESIA</b>
2. Name of Operator <b>COG Operating LLC</b>	
3. Address of Operator <b>550 W. Texas Ave., Suite 1300 Midland, TX 79701</b>	
4. Well Location Unit Letter <b>N</b> : <b>840</b> feet from the <b>South</b> line and <b>2310</b> feet from the <b>West</b> line Section <b>35</b> Township <b>17S</b> Range <b>30E</b> NMPM <b>Eddy</b> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3588</b>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

<b>NOTICE OF INTENTION TO:</b> 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"/>	<b>SUBSEQUENT REPORT OF:</b> 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: <b>MIT TEST</b> <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.

12-28-09 Pressure test to 300 psi. Run 30 min MIT test. Bleed off.  
Witnessed by Richard Inge and Zilmer Ward. RDMO

SUBMIT C103 WITH DETAILED DESCRIPTION OF WORK DONE ON THIS WELL INCLUDING POSITION OF PACKER, TUBING INFORMATION AND THE DATE YOU BEGAN INJECTION INTO THIS WELL.  
RE-NMOC  
1/13/10

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 C Jackson TITLE Agent for COG DATE 01/05/10

Type or print name Chasity Jackson E-mail address: cjackson@conchoresources.com Telephone No. 432-686-3087  
**For State Use Only**

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