

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  
June 19, 2008

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

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-015-38081                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>Yale State                                                  |
| 8. Well Number<br>8                                                                                 |
| 9. OGRID Number<br>229137                                                                           |
| 10. Pool name or Wildcat<br>Loco Hills; Glorieta-Yeso 96718                                         |

|                                                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other                                                                                                                |  |
| 2. Name of Operator<br>COG Operating LLC                                                                                                                                                                             |  |
| 3. Address of Operator<br>550 W. Texas Ave., Suite 1300 Midland, TX 79701                                                                                                                                            |  |
| 4. Well Location<br>Unit Letter <u>P</u> : <u>990</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line<br>Section <u>2</u> Township <u>17S</u> Range <u>30E</u> NMPM County <u>Eddy</u> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3758' 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"/>       |                                          |
| DOWNHOLE COMMINGLE <input type="checkbox"/>            |                                           |                                                  |                                          |
| OTHER: Add DV-Tool <input checked="" type="checkbox"/> |                                           | OTHER: <input 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.

Water Flow @ 2554'

COG Operating respectfully requests permission to run a DV Tool @ 2750'.

COG Operating respectfully requests permission to run the production cement as follows:

1<sup>st</sup> stage 600sxs 50:50:2. 5% Salt 3pps LCM .6%SMS 1%FL-25 1%BA-58 .125pps CF, yield 1.37 cuft/sack.  
2<sup>nd</sup> stage Lead 550sxs 50:50:2. 5% Salt 3pps LCM .6%SMS 1%FL-25 1%BA-58 .125pps CF.  
Tail 300sxs Class C mixed at 16.8ppg, yield 0.99 cuft/sack.



Spud Date:

01/21/11

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robyn M. Odom TITLE Regulatory Analyst DATE 02/16/2011

Type or print name Robyn M. Odom E-mail address: rododom@conchoresources.com PHONE: 432-685-4385

For State Use Only

Accepted for record David Day TITLE Field Supervisor DATE 2-17-11

Conditions of Approval (if any):

NMOCD

NOT should be submitted prior to running csg.!  
Prod. csg. ran on 2-13-11. Include details of DV Tool on Subseq. Report.