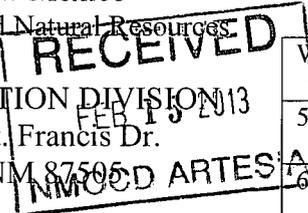


Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

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



WELL API NO. 30-015-39152
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 Grave Digger State Com
8. Well Number: 4H
9. OGRID Number: 229137
10. Pool name or Wildcat N. Seven Rivers; Glorieta-Yeso (97565)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3438' GR

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
One Concho Center, 600 W. Illinois Avenue, Midland, TX 79701

4. Well Location
 Unit Letter A : 330 feet from the North line and 380 feet from the East line
 Section 2 Township 20S Range 25E NMPM County Eddy

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	
MULTIPLE COMPL <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/05/12 Test csg to 3200 psi, test good. Perf stage 1, 6700-7100 w/36 shots, 1 spf, acidize w/3000 gal 15%, frac w/191,917 gal gel carrying 9373# 100 mesh+ 155,985# 16/30 brown + 41,248# 16/30 CRC, perf stage 2, 6100-6500 w/36 shots, 1 spf, acidize w/3000 gal 15%, frac w/249,615 gal gel carrying 12,528# 100 mesh + 156,348# 16/30 brown +45,543# 16/30 CRC, perf stage 3 5500'-5900' w/36 shots, 1 spf, acidize w/3000 gal 15%, frac w/252,675 gal gel carrying 13,733# 100 mesh+ 107,377 16/30 brown +47,467# 16/30 CRC, perf stage 4, 4900'-5300' w/36 shots, 1 spf, acidize w/3000 gal acid, frac w/241,557 gal gel carrying 13,072# 100 mesh+ 108,083# 16/30 brown +30,656# 16/30 CRC, perf stage 5, 4300'-4700' w/36 shots, 1 spf, acidize w/3000 gal 15%, frac w/239,193 gal gel carrying 13,590# 100 mesh + 111,820# 16/30 brown +28,339# 16/30 CRC, perf stage 6, 3700'-4100' w/36 shots, 1 spf, acidize w/3000 gal 15%, frac w/248,444 gal gel carrying 13,535# 100 mesh + 109,686 16/30 brown +45,996# 16/30 CRC, perf stage 7, 3150'-3500' w/36 shots, 1 spf, acidize w/3000 gal 15%, frac w/250,987gal gel carrying 9568# 100 mesh+ 97,10616/30 brown+ 53,75416/30 CRC
 12/17/12 RIH w/ coil tbg, clean to plug back @ 7141'
 1/03/13 RIH w/ BP- 2 JNTS MA- 4' SLOTTED SUB- SN- TBG BBL -15 JNTS TBG- 5-1/2" TAG- 2 JNTS TBG- MS & 50 JNTS TBG TO SURFACE, RIH w/ TBG PLUNGER- 16-1-1/2" SB'S- 70- 1" KD90 RODS W/ SM COUPLINGS- 4' SUB- SPACE OUT PUMP -INSTALL POLISH ROD, RDMO, turn over to production.

Spud Date:

Rig Release Date:

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

SIGNATURE Brian Maiorino TITLE Regulatory Analyst DATE 2/12/13

Type or print name Brian Maiorino E-mail address: bmaiorino@concho.com PHONE: 432-221-0467

For State Use Only

APPROVED BY [Signature] TITLE District Supervisor DATE 2/15/13
 Conditions of Approval (if any):