

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. 30-015-40717
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Lakewood SWD
8. Well Number 1
9. OGRID Number 229137
10. Pool name or Wildcat SWD;Cisco 96099

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 SWD

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 B : 1220 feet from the North line and 2490 feet from the East line
 Section 8 Township 19S Range 26E NMPM County: Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3353 GR

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

OTHER:

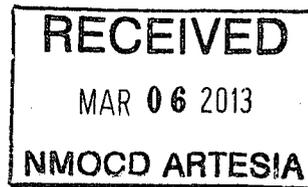
SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- ALTERING CASING
- P AND A

OTHER: Begin Injection

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.

2/22/13 Begin injection.



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

SIGNATURE C Jackson TITLE Regulatory Analyst DATE 2/25/13

Type or print name Chasity Jackson E-mail address: cjackson@concho.com PHONE: 432-686-3087

For State Use Only

APPROVED BY: Richard Inae TITLE Compliance Officer DATE 3/12/13

Conditions of Approval (if any):

Handwritten mark