

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  
August 1, 2011

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

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br><b>30-015-24344</b>                                                                 |
| 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><b>State MO</b>                                             |
| 8. Well Number 1                                                                                    |
| 9. OGRID Number<br><b>229137</b>                                                                    |
| 10. Pool name or Wildcat<br><b>SWD; Atoka</b>                                                       |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3654 GR</b>                                |

|                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 <input type="checkbox"/>                                                                                   |  |
| 2. Name of Operator<br><b>COG Operating LLC</b>                                                                                                                                                                  |  |
| 3. Address of Operator<br><b>600 W. Illinois Ave. Midland, Texas 79701</b>                                                                                                                                       |  |
| 4. Well Location<br>Unit Letter <b>F</b> : <b>1320</b> feet from the <b>N</b> line and <b>1320</b> feet from the <b>W</b> line<br>Section <b>27</b> Township <b>17S</b> Range <b>28E</b> NMPM County <b>Eddy</b> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3654 GR</b>                                                                                                                                             |  |

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 checked="" 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: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  
07/13/15 MIRU plugging equipment. NUBOP. 07/14/15 Dug out cellar. RIH w/ 224 jts tbg. Shut down for repairs.  
07/15/15 Tagged plug @ 7455'. Circulated hole w/ mud laden fluid. Pressure tested csg to 600 psi. Spotted 25 sx cement @ 7455'-7205.. Spotted 25 sx cement @ 5901-5651, Spotted 25 sx cement @ 2650-2405. Spotted 35 sx cement @ 2234-1884. WOC. 07/16/15 Tagged plug @ 1881. Spotted 25 sx cement @ 906-650.. WOC. Tagged plug @ 768'. Spotted 30 sx cement @ 448-150. WOC. Tagged plug @ 158'. Perf'd csg @ 60'. Set packer @ surface. Pressured up on csg to 500 psi. Spotted 15 sx cement @ 126 to surface. Rigged down and moved off. 07/20/15 Moved in backhoe and welder. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location and moved off.

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms: www.oemr.state.nm.us/oed.

NM OIL CONSERVATION  
ARTESIA DISTRICT  
FEB 12 2016

Spud Date:

Rig Release Date:

RECEIVED

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

SIGNATURE Bernie Montgomery TITLE Agent DATE 7-21-15

Type or print name Bernie Montgomery E-mail address: bern@bcmn.com PHONE: 732-580-7161  
For State Use Only

APPROVED BY: [Signature] TITLE Dist. Engineer DATE 2/12/2016  
Conditions of Approval (if any):

★ SUBMIT Subsequent C-103  
Form provided by Forms On-A-Disk (214) 340-9429 FormsOnADisk.com