

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  
**NM OIL CONSERVATION**  
 Energy, Minerals and Natural Resources  
 ARTESIA DISTRICT  
 JUL 18 2016  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**RECEIVED**

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-43418
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name Chopper State Com
4. Well Location Unit Letter <u>C</u> : <u>190</u> feet from the <u>North</u> line and <u>1720</u> feet from the <u>West</u> line Section <u>1</u> Township <u>24S</u> Range <u>27E</u> NMPM Eddy County		8. Well Number 3H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3127.6' GR		9. OGRID Number 229137
10. Pool name or Wildcat Wildcat; Wolfcamp Oil		

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"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <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: Completion Operations <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/16/16 to 3/28/16 Test annulus to 1500#. Good test. Hook up to 7" & test csg to 8500# for 15 mins. Good test. RIH to TOL & circ clean. Test to 8500# for 15 mins. Good test. Perforate 13891-13901' (60). Injection test into perms.

5/5/16 to 5/28/16 Test annulus to 1500#. Good test. Ran CBL. TOC @ 4642'. Set CBP @ 13866'. Test csg to 8307# for 30 mins. Good test. Perforate Bone Spring 9722-13840' (972). Acdz w/82,488 gal 15% acid. Frac w/8,100,072# sand & 7,963,662 gal fluid.

6/7/16 to 6/8/16 Drilled all CFP's. Clean down to CBP @ 13866'.

6/9/16 to 6/13/16 Set 2 7/8" 6.5# L-80 tbg @ 8802' & pkr @ 8784'. Installed gas-lift system.

6/16/16 Began flowing back & testing.

Spud Date: 2/9/16 Rig Release Date: 3/5/16

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

SIGNATURE Stormi Davis TITLE: Regulatory Analyst DATE: 7/11/16  
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

**For State Use Only**

APPROVED BY: [Signature] TITLE: **"Geologist"** DATE: 7/25/16  
 Conditions of Approval (if any):