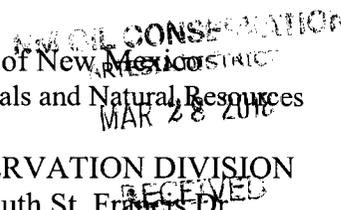


Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr.,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


 State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator COG Operating LLC</p> <p>3. Address of Operator 2208 W. Main Street, Artesia, NM 88210</p> <p>4. Well Location Unit Letter <u>P</u> : <u>190</u> feet from the <u>South</u> line and <u>380</u> feet from the <u>East</u> line Section <u>21</u> Township <u>25S</u> Range <u>28E</u> NMPM <u>Eddy</u> County</p> <p>11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) 2959.2' GR</p>	<p>WELL API NO. 30-015-41743</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name MYOX 21 State Com</p> <p>8. Well Number 4H</p> <p>9. OGRID Number 229137</p> <p>10. Pool name or Wildcat San Lorenzo; Bone Spring</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>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"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>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"/></p>
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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.

9/20/17 Ran CBL. TOC @ 620'. Set CBP @ 17975'. Test to 5100#. Good test. Test csg to 8507#. Good test. Perf 17940-17950' (60). Injection test.

Csg must be Tested for 30 minutes

2/14/18 to 2/26/18 Perf 8373-17894' (1828). Acdz w/188,496 gal 7 1/2% acid. Frac w/19,374,900# sand & 18,179,826 gal fluid.

3/1/18 to 3/4/18 Drilled out frac plugs. Clean down to CBP @ 17975'.

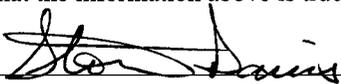
3/5/18 Set 2 7/8" 6.5# L-80 tbg @ 7736' & pkr @ 7719'. Installed gas-lift system.

3/8/18 Began flowing back & testing.

Spud Date: 6/5/17

Rig Release Date: 6/29/17

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

SIGNATURE  TITLE: Regulatory Analyst DATE: 3/14/18
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY:  TITLE: Staff Mgr DATE: 4-2-18
 Conditions of Approval (if any):

