

Submit 3 Copies to Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-015-35456
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name G J West Coop Unit
8. Well Number 152
9. OGRID Number 229137
10. Pool name or Wildcat GJ; 7RVS-QN-GB-GLORIETA-YESO

Month - Year
JUN 4 2007
OCD - ARTESIA, NM

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
550 W. Texas Ave., Suite 1300 Midland, TX 79701

4. Well Location
Unit Letter D : 990' feet from the North line and 330' feet from the West line
Section 21 Township 17S Range 29E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3604' GR

Pit or Below-grade Tank Application ☐ or Closure ☒

Pit type DRILLING Depth to Groundwater 110' Distance from nearest fresh water well 1000' Distance from nearest surface water 1000'

Pit Liner Thickness: 12 mil Below-Grade Tank: Volume bbls; Construction Material

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Completion</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

05-03-07 Perforate Yeso @ 5122'-5318', 2 SPF, 46 holes.
05-04-07 Acidize w/2500 gals acid.
05-07-07 Frac w/ 97,397 gals gel, 8000# LiteProp, 91,180# 16/30 sand.
05-08-07 Perforate Yeso @ 4712'-5017', 2 SPF, 46 holes.. Acidize w/ 2000 gals acid.
05-09-07 Frac w/ 89,557 gals gel, 6486# LiteProp, 90,331# 16/30 sand.
05-10-07 Perforate Yeso @ 4375'-4610', 2 SPF, 28 holes.. Acidize w/ 2000 gals acid.
05-11-07 Frac w/ 97,229 gals gel, 8026# LiteProp, 89,860# 16/30 sand.
05-15-07 RIH w/ 168 jts. 2 7/8" J-55 tbg., SN @ 5343'. RIH w/ 2 1/2"x2"x20" pump. Turn to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Phyllis A. Edwards TITLE Regulatory Analyst DATE 06-1-07

Type or print name Phyllis A. Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340

For State Use Only

APPROVED BY: **FOR RECORDS ONLY** TITLE DATE JUN 05 2007
Conditions of Approval (if any):