Office * <u>District I</u> 1625 N French Dr , Hobbs, NM 88240 <u>District III</u> 1301 W Grand Ave , Artesia, NM 88210 <u>District III</u> 1000 Rib Brazos Rd Artec NM 87410 1220 South	PEN OR PLUG BACK TO A MD-101) FOR SUCH JAN 23 2008	Form C-103 May 27, 2004 WELL API NO. 30-015-35658 Indicate Type of Lease STATE FEE State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name Harper State 8. Well Number 12 9. OGRID Number
COG Operating LLC 3. Address of Operator	OCD-ARTESIA	229137 10. Pool name or Wildcat
550 W. Texas Ave., Suite 1300 Midland, TX 79701		Loco Hills; Glorieta-Yeso 96718
Well Location Unit Letter P : 445 feet from the South line and 990 feet from the East line Section 16 Township 17S Range 30E NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3680' GR 11. Elevation or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness: 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: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL	SUBS REMEDIAL WORK COMMENCE DRII CASING/CEMENT	SEQUENT REPORT OF: C ALTERING CASING LING OPNS. P AND A JOB
OTHER: 13 Describe proposed or completed operations (Clearly	/ OTHER: Addition	
 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. 		
 12-26-07 MIRU. POOH w/pump, rods & tbg. RIH w/Rbp & set @ 4770'. Perf @ 4366'-4740', 1 SPF, 35 holes. 12-28-07 Acidize w/3000 gals acid. Frac w/54,810 gal 40# linear gel; 34,692 gal 30# linear gel; 7,197# LiteProp; 68,738# 16/30 white Ottawa sand; 19,340# resin; Flush w/4158 gal of linear gel. 01-02-08 Release RBP & POOH. RIH w/178 jts 2 7/8" tbg, SN @ 5,798'. RIH w/2 1/2x2x20' RHTC PAP pump. Hang well on. 		
I hereby certify that the information above is true and complet grade tank has been/will be constructed or closed according to NMOCD	te to the best of my knowledge guidelines, a general permit	e and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
SIGNATURE and and ance	TITLE Regulatory Analys	t DATE 01/21/2008
Type or print nameCarol Ann LanceE-mail address:For State Use OnlyFORRECORDSONLY	clance@conchoresources.cor	m Telephone No. 432-685-4395 JAN 2 4 2008

APPROVED BY:
Conditions of Approval (if any):

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