

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. 30-015-36502 052
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 GJ West Coop Unit
8. Well 181
9. OGRID Number 229137
10. Pool name or Wildcat GJ; 7Rvs-Qn-GB-Glorieta-Yeso 97558

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		7. Lease Name or Unit Agreement Name GJ West Coop Unit
2. Name of Operator COG Operating LLC		8. Well 181
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701		9. OGRID Number 229137
Well Location Unit Letter L : 2310 feet from the South line and 990 feet from the West line Section 16 Township 17S Range 29E NMPM County Eddy		10. Pool name or Wildcat GJ; 7Rvs-Qn-GB-Glorieta-Yeso 97558
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3583' GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
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:		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: Addition of Paddock Perfs <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.

07-03-08 MIRU. POOH w/pump, rods & tbg. RIH w/RBP & set @ 4350'.
07-07-08 Perf @ 3980'-4275', 1 SPF, 33 holes.
07-02-08 Acidize w/3000 gals 15% acid. Frac w/115,580 gals 20# lightning 20 X/L gel; 120,560# 16/30 Ottawa sand; 20,185# SiberProp. Flush w/base gel.
07-09-08 Release RBP & POOH.
07-10-08 RIH w/163 jts 2 7/8" tbg, SN @ 5317'. RIH w/2-1/2x1.5 x20' pump & rods. Hang well on.

ACCEPTED FOR RECORD

AUG 8 2008

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA

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 Carol Ann Lance TITLE Regulatory Analyst DATE 07/25/2008

Type or print name Carol Ann Lance E-mail address: clance@conchoresources.com Telephone No. 432-685-4395
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____