Form 3160-4 (April 2004)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCT 03 2008

FORM APPROVED OMB NO 1004-0137 Expires March 31, 2007

|                        |                      |                 |                      | BUREAU               | OF LAN                       | D MA                                             | NAGE                                                | MENT                 | C                  | )CD.           |          | TES         | M                      |                   |                       | 1004-0137 ·<br>irch 31, 2007      |  |
|------------------------|----------------------|-----------------|----------------------|----------------------|------------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------|--------------------|----------------|----------|-------------|------------------------|-------------------|-----------------------|-----------------------------------|--|
|                        | WE                   | LL CC           | MPLE                 | ETION O              | R RECON                      | /IPLE                                            | LION I                                              | REPOF                | A TF               | ID LOG         | LAN A    | , a mague   | 5                      | Lease             | Senal No              | 9.D                               |  |
|                        | 611/11               | 770             |                      | 70 111               |                              | <u> </u>                                         |                                                     |                      |                    |                |          |             |                        |                   | C-029338              | e or Tribe Name                   |  |
| la Type                | of Well<br>of Comple |                 |                      | Gas Well<br>New Well | Dry Work O                   |                                                  |                                                     | <del>г Т</del> ы.    | u Bacl             | [Z] Def        | f Daci   | (T          | 0 1                    | ii mara           | m, Anotte             | of Time Name                      |  |
|                        | •                    |                 | Othe                 | Recompl              | etion & Cor                  | nmingl                                           | e DHC-                                              | 4039                 | ig Dack            | Y DA           | 1 1005   | 1,          | 7 1                    | Unit of           | CA Agree              | ement Name and No                 |  |
| 2 Name                 | of Operate           | or COC          | G Opera              | ating LLC            |                              |                                                  |                                                     |                      |                    |                |          |             |                        |                   | Name and ard Fede     |                                   |  |
| 3 Addre                | ess 550 V            | . Texas         | , Ste.13             | 00                   |                              | 7                                                |                                                     |                      |                    | (include a     | rea co   | de)         | 9 ,                    | AFI W             | ell No                |                                   |  |
|                        | Midla                | ınd, Tex        | as 797               | 01                   |                              |                                                  |                                                     |                      | 32-685-            | 4332           |          |             |                        |                   | 5-35055               | r Exploratory(എவுந்த              |  |
| 4 Locat                | -face                |                 |                      | olearly and i        | n accordance                 | with F                                           | ederal re                                           | quiremen             | its)*              |                |          |             |                        |                   |                       | orieta-Yeso 96718 G               |  |
| At top                 | prod inte            |                 |                      |                      | K D                          |                                                  |                                                     |                      |                    |                |          |             | 11 5                   | Sec , T<br>Survey | , R, M., o<br>or Area | on Block and<br>Sec.12,T17S, R30E |  |
| At tot                 | al depth             |                 |                      |                      |                              |                                                  |                                                     |                      |                    |                |          |             |                        | County<br>ddy     | or Parish             | 13 State<br>NM                    |  |
| 14 Date                |                      |                 | 15                   | Date T D R           | leached                      | • • • • • • • • • • • • • • • • • • • •          | 16                                                  | Date C               | omplete            | d 07/22        | 2/2008   | 3           |                        |                   | . ,                   | RKB, RT, GL)*                     |  |
| 10/1                   | 2/2006               |                 |                      | 10/31/20             |                              |                                                  |                                                     | D &                  | 2 A                | ✓ Ready        |          |             | d 3756 GL              |                   |                       |                                   |  |
| 18. Total              | •                    | AD 623<br>VD    | 5                    | 1                    | 9 Plug Back                  |                                                  | MD <b>62</b><br>TVD                                 | 14                   |                    | 20 De          | pth Br   | idge Plug S | Set                    | MD<br>TVD         | <b>,</b>              |                                   |  |
| 21. Type               | Electric &           | Other N         | 1echani              | cal Logs Run         | (Submit cop                  | v of eac                                         | ch)                                                 |                      |                    | 22 Wa          | s well   | cored?      | 7 No                   |                   | Yes (Sub              | omit analysis)                    |  |
|                        | tral Gami            |                 |                      |                      | (                            | ,                                                | ,                                                   |                      |                    | Wa             | s DST    | run?        | No Yes (Submit report) |                   |                       |                                   |  |
| •                      |                      |                 | 1 (0                 |                      |                              |                                                  |                                                     |                      |                    | Dir            | ection   | al Survey?  | ✓                      | No                | Yes (S                | Submit copy)                      |  |
| Hole Size              | T                    |                 | rd (Rep<br>'t (#/ft) | T                    |                              | Bollom (MID)   -                                 |                                                     |                      | of Sks & of Cement |                |          | Cement Top* |                        | Top*              | Amount Pulled         |                                   |  |
| 17 1/2                 | 13 3/8               | 4               | 8                    | +                    | 425                          |                                                  | Dep                                                 | rtii                 | 928 s              |                | -        | (222)       | S                      | urface            | :                     |                                   |  |
| 12 1/4                 | 8 5/8                | 24              |                      | <b>†</b>             |                              | <u> </u>                                         |                                                     |                      | 800 s              |                |          |             | Surface                |                   |                       |                                   |  |
| 7 7/8                  | 5 1/2                | 1               | 7                    |                      | 6227                         | 6227                                             |                                                     |                      | 1590               | 1590 sxs       |          |             | Surface                |                   | :                     |                                   |  |
|                        | ļ                    |                 |                      |                      |                              |                                                  |                                                     |                      |                    |                | ļ        |             | 1_                     |                   |                       |                                   |  |
|                        |                      |                 |                      |                      |                              |                                                  |                                                     |                      |                    |                | ļ        |             | -                      |                   |                       |                                   |  |
| 24 Tubus               | a Paraul             |                 |                      | 1                    |                              |                                                  |                                                     |                      |                    |                | <u> </u> | ····        | J                      |                   |                       |                                   |  |
| 24. Tubin<br>Size      |                      | Set (MI         | )) Pack              | er Depth (MI         | D) Size                      |                                                  | Denth S                                             | et (MD)              | Packer             | Depth (MI      | 2/1      | Size        |                        | Denth :           | Set (MD)              | Packer Depth (MD)                 |  |
| 2 7/8                  | 5634                 | oct (iviz       | 7, 7 40.1            | ier Beptii (ivii     | 2) 512.0                     |                                                  |                                                     | 01(1112)             | - action           | Dopu. (M.      | -        | 5120        |                        | o optiii          | 301 (MD)              | - woner z epin (miz)              |  |
| 25. Produ              | cing Interv          | als             |                      |                      | 1                            |                                                  | 26 P                                                | erforation           | Record             | 1              |          |             |                        |                   |                       |                                   |  |
|                        | Formatio             | n               |                      | Тор                  | Botto                        | m                                                | Pe                                                  | rforated I           | Interval           |                | Size     | No          | Holes                  | S                 | - I                   | Perf' Status                      |  |
| -                      | Andres (             |                 |                      | 3510                 | 3710                         | <del>                                     </del> |                                                     | 3510 - 3710          |                    | <del></del>    | .041     |             | <del></del>            |                   | Open                  | <del></del>                       |  |
|                        | Andres (             |                 |                      | 3780                 |                              | 3980 378<br>4520 405                             |                                                     |                      |                    |                | )41      | 72          |                        |                   | Open                  |                                   |  |
|                        | Andres (1  Exsisting |                 |                      | 4050<br>5037.5       | 5629.5                       |                                                  | 4050 - 4520     .041       5037.5 - 5629.5     .041 |                      |                    | 112            | <u> </u> |             |                        |                   |                       |                                   |  |
|                        |                      |                 | Cement               | Squeeze, etc         | 3029.3                       | !                                                | 3037.3                                              | - 3029.3             |                    | 1.0            | 141      | 112         |                        |                   | Open                  |                                   |  |
|                        | Depth Inter          | val             |                      |                      |                              |                                                  |                                                     | A                    | mount a            | nd Type of     | Mate     | rıal        |                        |                   |                       |                                   |  |
| 3510 - 3               |                      |                 |                      | Acidize w            | /3500 gal 15                 | % acio                                           | l. Frac v                                           | v/64,004             | gal ge             | l; 60,400#     | 16/3     | ) white sa  | nd; 2                  | 9,600             | # 16/30 C             | CRC sand.                         |  |
| 3780 - 3               |                      |                 |                      |                      | /3500 gal 15                 |                                                  |                                                     |                      |                    |                |          |             |                        |                   |                       |                                   |  |
| 4050 - 4<br>4320 - 4   |                      |                 |                      |                      | /3500 gal 15<br>/3500 gal 15 |                                                  |                                                     |                      |                    | <u> </u>       |          |             |                        |                   |                       |                                   |  |
|                        | iction - Inte        | rval A          |                      | Acidize              | 73300 gai 13                 | 70 acic                                          | i. Flac v                                           | 7/01,204             | gai gei            | , 07,030#      | 10/30    | Wille Sa    | nu; z                  | 7,500             | # 10/30 C             | .KC sanu.                         |  |
| Date First<br>Produced | Test<br>Date         | Hours<br>Tested | Test<br>Produ        | otion Oil<br>BBL     | Gas<br>MCF                   | Wa<br>BB                                         | tei<br>L                                            | Oil Grav<br>Con Al   |                    | Gas<br>Gravii  | ly       | Production  | Meth                   | od                |                       |                                   |  |
| Choke                  | Tbg Press            | Csg             | 24 Hr                | Oil                  | Gas                          | Wa                                               | ter                                                 | 37.9<br>Gas/Oil      |                    | Well S         | latus    | <u> </u>    |                        |                   | ···                   |                                   |  |
| Size                   | Flwg<br>Sl           | Press           | Rate                 | ► BBL                | MCF                          | ВВ                                               |                                                     | Ratio                |                    |                |          | Shut In     |                        |                   |                       |                                   |  |
|                        | uction - Int         |                 |                      |                      |                              |                                                  |                                                     |                      |                    |                |          |             |                        |                   |                       |                                   |  |
| Date First<br>Produced | Test<br>Date         | Hours<br>Tested | Test<br>Produc       | Oil<br>BBL           | Gas<br>MCF                   | Wat<br>BBI                                       |                                                     | Oil Gravi<br>Corr AP |                    | Gas<br>Gravity |          |             |                        |                   |                       |                                   |  |
| Choke                  | Tbg Press            | Csg             | 24 Hr                | Oil<br>BBL           | Gas                          | Wat<br>BB                                        | er                                                  | Gas/Oil              |                    | Well Sta       | itus     |             |                        |                   |                       |                                   |  |
| Size                   | Flwg<br>Si           | Press           | Rate                 | <b>&gt;</b>          | MCF                          | RR                                               |                                                     | Ratio                |                    |                |          |             |                        |                   |                       |                                   |  |
| *(See ins              | tructions a          | nd space.       | s for ada            | litional data d      | on page 2)                   |                                                  |                                                     |                      |                    |                | -        |             |                        |                   |                       |                                   |  |

District I 1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

D.

12 Dedicated Acres

40

1220 S. St. Francis Dr., Santa Fe, NM 87505

12

<sup>13</sup> Joint or Infill

**17S** 

30E

14 Consolidation Code

#### State of New Mexico

Energy, Minerals & Natural Resources Department

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102 Revised June 10, 2003

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Eddy

|                                  | API Numbe |                                             | 7            | 2 Pool Code | N AND ACE                              |                           | <sup>3</sup> Pool Na |                        |                                       |  |
|----------------------------------|-----------|---------------------------------------------|--------------|-------------|----------------------------------------|---------------------------|----------------------|------------------------|---------------------------------------|--|
| 36                               |           |                                             | 28509        |             | Grayburg Jackson SR; Queen Grayburg SA |                           |                      |                        |                                       |  |
| Property<br>30244                |           | <sup>5</sup> Property Name  Harvard Federal |              |             |                                        |                           |                      |                        | <sup>6</sup> Well Number              |  |
| <sup>7</sup> OGRID No.<br>229137 |           | * Operator Name COG OPERATING LLC           |              |             |                                        |                           |                      |                        | <sup>9</sup> Elevation<br>3756        |  |
|                                  |           |                                             |              |             | <sup>10</sup> Surface                  | Location                  |                      |                        | · · · · · · · · · · · · · · · · · · · |  |
| L or lot no. Section D 12        |           | Township<br>17S                             | Range<br>30E | Lot Idn     | Feet from the 1090                     | North/South line<br>North | Feet from the 330    | East/West line<br>West | County<br>Eddy                        |  |
|                                  | <u> </u>  | ·                                           | 11 Bc        | ottom Ho    | le Location I                          | f Different From          | m Surface            | <u> </u>               |                                       |  |
| UL or lot no                     | Section   | Township                                    | Range        | Lot Idn     | Feet from the                          | North/South line          | Feet from the        | East/West line         | County                                |  |

991

15 Order No.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

North

346

West

| G THE TOTAL | ARD UNIT HAS BEEN | MITROVED BI INE |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|--------------------------------------------------------|
| <b>∤</b> ′  1 .′ }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                 | <sup>17</sup> OPERATOR CERTIFICATION                   |
| .0001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                 | I hereby certify that the information contained herein |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | is true and complete to the best of my knowledge and   |
| <b> </b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                 | belief.                                                |
| 346'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                 |                                                        |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                 | Signature                                              |
| 330'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                 |                                                        |
| / / / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                 | Kanicia Carrillo                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | Printed Name                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | Regulatory Analyst                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | Title and E-mail Address                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | 04/09/08                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | Date                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | <sup>18</sup> SURVEYOR CERTIFICATION                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | I hereby certify that the well location shown on this  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ,               | plat was plotted from field notes of actual surveys    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | ·               | made by me or under my supervision, and that the       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | same is true and correct to the best of my belief.     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | Referred Original Plat                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | Date of Survey                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | Signature and Seal of Professional Surveyor            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | Signature and Seal of Professional Surveyor            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 |                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 | Certificate Number                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                 |                                                        |

District I

1625 N. French Dr., Hobbs, NM 88240

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1301 W. Grand Avenue, Artesia, NM 88210

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1000 Rio Brazos Rd., Aztec, NM 87410

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1220 S. St. Francis Dr., Santa Fe, NM 87505

#### State of New Mexico

Energy, Minerals & Natural Resources Department

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised June 10, 2003

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| 1220 S. St. Franci            | S Dr., Santa            | re, ivat ovene             |              |                                 |                       |                        |                           | l              |      | NDED REPOR             |  |  |
|-------------------------------|-------------------------|----------------------------|--------------|---------------------------------|-----------------------|------------------------|---------------------------|----------------|------|------------------------|--|--|
|                               |                         | W                          | ELL LO       | OCATIO:                         | N AND ACE             | REAGE DEDIC            | CATION PLA                | AΤ             |      |                        |  |  |
| 1                             | API Numbe               | r                          |              | <sup>2</sup> Pool Code          | :                     | <sup>3</sup> Pool Name |                           |                |      |                        |  |  |
| 30                            | -015-350                | 55                         |              | 96718                           |                       |                        | Loco Hills; Glorieta-Yeso |                |      |                        |  |  |
| <sup>4</sup> Property         | Code                    | <sup>5</sup> Property Name |              |                                 |                       |                        |                           |                |      | " Well Number          |  |  |
| 30244                         | 0                       | Harvard Federal            |              |                                 |                       |                        |                           |                |      | 7                      |  |  |
| <sup>7</sup> OGRID            | No.                     | 8 Operator Name            |              |                                 |                       |                        |                           |                |      | <sup>9</sup> Elevation |  |  |
| 22913                         | 7                       | COG OPERATING LLC          |              |                                 |                       |                        |                           |                |      | 3756                   |  |  |
|                               |                         |                            |              |                                 | <sup>10</sup> Surface | Location               |                           |                |      |                        |  |  |
| UL or lot no.                 | Section                 | Township                   | Range        | Lot Idn                         |                       |                        |                           |                |      |                        |  |  |
| D                             | 12                      | 17S                        | 30E          | 1090   North   330   West   Edd |                       |                        |                           |                | Eddy |                        |  |  |
|                               |                         |                            | 11 Bo        | ottom Ho                        | le Location I         | f Different From       | n Surface                 |                |      |                        |  |  |
| UL or lot no Section Township |                         |                            | Range        | Lot Idn                         | Feet from the         | North/South line       | Feet from the             | East/West line |      | County                 |  |  |
| D.                            | 12                      | 17S                        | 30E          |                                 | 991                   | North                  | 346                       | West           |      | Eddy                   |  |  |
| 12 Dedicated Acre             | s <sup>13</sup> Joint o | r Infill 14 C              | onsolidation | Code 15 Or                      | der No.               |                        |                           |                |      |                        |  |  |
| 40                            |                         |                            |              |                                 |                       |                        |                           |                |      |                        |  |  |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

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| Sugnature  Kanicia Carrillo  Printed Name  Regulatory Analyst  Title and E-mail Address  04/09/08  Date  18 SURVEYOR CERTIFICATION  I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  Referred Original Plat  Date of Survey  Signature and Seal of Professional Surveyor |              |                         | <sup>17</sup> OPERATOR CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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