

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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-015-05573
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name VS Unit
8. Well Number 109
9. OGRID Number 229137
10. Pool name or Wildcat Sugar Yates 1RVS VS QU GB

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator COG Operating LLC	
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701	
4. Well Location Unit Letter EL : 1980 feet from the North line and 660 feet from the West line Section 16 Township 18S Range 31E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>	
Pit type DRILLING Depth to Groundwater 110' Distance from nearest fresh water well 1000' Distance from nearest surface water 1000'	
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Repair Tubing & MIT test <input checked="" type="checkbox"/>
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10-03-08 MIRU Key unit #350. SDFD

10-06-08 Blow-down well to Vac truck. Nipple-up BOP. POH w/ tubing. Tubing parted 3' from surface. Tubing badly pitted and rotting. Fish tubing w/ grapple. Lay down all 2 3/8 tubing. SDFD.

10-07-08 RIH w/ Redressed Lockset packer (3066'), and 94 jts new 2 3/8 plastic coated 2 3/8 tubing. Circulate packer fluid. Set packer. ND BOP. Test backside to 500psi, good. Inject 5bbls down tubing. No surface or casing leaks. Rig-down unit and clean location.

ACCEPTED FOR RECORD

NOV 3 - 2008

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

SIGNATURE Kanicia Carrillo TITLE **Regulatory Analyst** DATE **10/30/08**

Type or print name **Kanicia Carrillo** E-mail address: **kcarrillo@conchoresources.com** Telephone No. **432-685-4332**

For State Use Only

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