

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. 30-015-26744
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name G J West Coop Unit
8. Well Number 94
9. OGRID Number 229137
10. Pool name or Wildcat 97558 GJ;7Rvs-Qn-GB-Glorieta-Yeso

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator COG Operating LLC	DEC 19 2008
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701	OCD-ARTESIA
Well Location Unit Letter <u>I</u> : <u>1650</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>East</u> line Section <u>28</u> Township <u>17S</u> Range <u>29E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

NOTICE OF INTENTION TO: 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: Back on Production <input checked="" type="checkbox"/>
--	---

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was on the Inactive well list effective 12/01/08. It has been returned to production effective 12/05/08.

12/03/08 MIRU Aries well service unit.

12/04/08 RU Work to unseat pump, POOH w/ rods and pump. NU BOP. Drop standing valve. Load tubing. POOH w/ tbg. Find bottom 8 jts tbg with holes. LD bottom 8jts and replace. RIH as follows SN at 3440' at 106jts 2 7/8 J-55 tbg. ND BOP.

12/05/08 RU. RIH as follows 2.5" x 1.5" x 16' RHTC pump, 2' x 3/4" sub, 137 - 3/4" Norris 97 rods, space out w/ 2'-8" x 3/4" subs under a 1 1/4" x 22' PR w/a 1 1/2" x 12' PRL. Hang on well.

ACCEPTED FOR RECORD

DEC 22 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 NMOC guidelines ☐, a general permit ☐, or an (attached) alternative OCD-approved plan ☐.
NMOCD-District II ARTESIA

SIGNATURE Kanicia Carrillo TITLE Regulatory Analyst DATE 12/17/08

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): _____