Submit 1 Copy 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

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

Form C-103
October 13, 2009

WELL API NO. 30-015-24462	
7. Indicate Type of Lease STATE ☒ FEE ☐	
7. State Oil & Gas Lease No.	
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.)	7. Lease Name or Unit Agreement Name SRO SWD
1. Type of Well: Oil Well ☐ Gas Well ☐ Other **SWD**	8. Well Number 103
2. Name of Operator COG Operating LLC	9. OGRID Number 229137
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	10. Pool name or Wildcat SWD; Delaware
4. Well Location Unit Letter M : 660 feet from the South line and 660 feet from the West line Section 17 Township 26S Range 28E NMPM Eddy County	
	11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 3083' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
OTHER: ☐		OTHER: Began Injection (SWD) ☒	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

RECEIVED
JAN 12 2011
NMOCD ARTESIA

12/9/10 Performed MIT. Darold Gray witnessed. Passed test. Chart retained by NMOCD.

1/5/11 Date of first injection.

SWD-1194

Spud Date: 10/7/10 Re-Entry Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stormi Davis TITLE Regulatory Analyst DATE 1/7/11

Type or print name Stormi Davis E-mail address: sdavis@conchoresources.com PHONE: 575-748-6946

For State Use Only

APPROVED BY: Richard Inge TITLE Compliance Officer DATE 1/24/11

Conditions of Approval (if any):