Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	
District II	OIL CONSERVATION DIVISION			30-015-37421	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type o	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE 6. State Oil & Gas	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	•			o. State on a das	. Lease IVO.
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or	Unit Agreement Name
(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				Tex-Mack	
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other				8. Well Number 260	
Type of Well: Oil Well				9. OGRID Nümber	
COG Operating LLC				229137	
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701			10. Pool name or Wildcat  Fren; Glorieta-Yeso, East 97213		
4. Well Location				1	
Unit Letter <u>l</u> :	2310 feet from the	South	line and <b>885</b>	feet from the _	<u>East</u> line
Section 2	Township 1	1 <b>7S</b> R	ange 31E	NMPM	County <b>Eddy</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
Pit or Below-grade Tank Application □ or Closure ⊠					
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: SUB- PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					ALTERING CASING \( \Pi \)
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				P AND A	
PULL OR ALTER CASING					
OTHER:			OTHER:	Completion	×
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.					
12/10/10 Test csg to 3500# for 30min, ok.					
12/14/10 Perf Lower Blinebry @ 6312 - 6512 w/ 1 SPF, 26 holes.					
12/19/10 Acidize w/3,500 gals acid. Frac w/111,211 gals gel, 142,668# 16/30 white sand, 32,691# 16/30 CRC sand.  Set comp plug @ 6272. Perf Middle Blinebry @ 6042 - 6242 w/1 SPF, 26 holes.					
Acidize w/ 3,500 gals acid. Frac w/116,990 gals gel, 151,907# 16/30 White sand, 35,022# 16/30 CRC sand.					
Set comp plug @ 5995. Perf Upper Blinebry @ 5772 - 5552 w/ 1 SPF, 26 holes.  Acidize w/ 3,500 gals acid. Frac w/115,787 gals gel, 146,540# 16/30 White sand, 36,295# 16/30 CRC sand.					
Set comp plug @ 5580. Perf 5297 – 5552 w/ 1 SPF, 26 Holes.					
Acidize w/ 3 000 gals acid. Frac w/100 815 gals gel. 111 233# 16/30 White sand. 17 655# 16/30 CRC sand					
12/22/10 Drill out plugs. Clean out to PBTD 6776.					
12/27/10 RIH w/198 jts. 2 7/8" J-55, 6.5# tbg, SN @ 6331'. RIH w/ 2 ½" x 2" x 20' pump. Hang well-one CEIV - 1					
					RECEIVED
			<del>-</del>		nt For
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the information above is true and complete to the best of my knowledge and belief. I further certification above is true and complete to the best of my knowledge and belief. I further certification above is true and complete to the best of my knowledge and belief. I further certification above is true and complete to the best of my knowledge and belief. I further certification above is true and complete to the best of my knowledge and belief. I further certification above is true and complete to the best of my knowledge and belief. I further certification above is true and complete to the best of my knowledge and belief.					
SIGNATURE JULI	sn	_TITLE	Regulatory Ana	alyst	DATE <u>1/10/11</u>
Type or print name Chasity Jackson E-mail address: cjackson@conchoresources.com Telephone No. 432-686-3087					
For State Use Only					
APPROVED BY: Double	<b>N</b> a	TITLE C	reld superv	5405	DATE 1-26-11
Conditions of Approval (if any):	ray	_ HILE J	150 2 NACIA	1.201	DATE