Office District I	Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 June 19, 2008 WELL API NO.	
District II 1301 W. Grand District III 1000 Rio Brazo District IV	Ave., Artesia, NM 88210 s Rd., Aztec, NM 87410 ccis Dr., Santa Fe, NM	1220	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		30-015-38 5. Indicate Type of Lease	EE 🗌
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 Gas Well Other					7. Lease Name or Unit Ag Yale Stat 8. Well Number 10	
2. Name of Operator					9. OGRID Number	25
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701					2291 10. Pool name or Wildcat Loco Hills; Glorieta-Yeso	
4. Well Location						
Unit Letter M: 330 feet from the South line and 990 feet from the West line Section 2 Township 17S Range 30E NMPM County Eddy						
Section 2 Township 17S Range 30E NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3739' GR						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE Add DV-Tool OTHER:						
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.						
Water Flo	ow @ 2850'				\hat{\sh}	<u> </u>
COG Operating respectfully requests permission to run a DV Tool @ 3100'.						
COG Operating respectfully requests permission to run the production cement as follows:						
2 nd stage:	550sxs 50:50:2. 5% Sa Lead 600sxs 50:50:2. xs Class C mixed at 10	5% Salt 3pps LCI	M .6%SMS 1%FL	%BA-58 .125pps CI 25 1%BA-58 .125	F, yield 1.37 cuft/sack. pps CF.	ECENED STESIA
Spud Date:	04/26/1	1	Rig Release Da	ate:		
I hereby certif	y that the information	above is true and	complete to the be	est of my knowledge	e and belief.	
SIGNATURE	Toby (Han	•	egulatory Analyst	DATE <u>05/03/</u>	/2011
Type or print For State Use		OdomE-ma	ail address: <u>ro</u>	odom@conchoresou	,	32-685-4385_
APPROVED Conditions of	BY: Dowl Approval (if any):	Hay	TITLE	Field Superv	risor DATE 5	-26-11