

RECEIVED

NOV 08 2004

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

WELL API NO.

30-025-36871

Indicate Type of Lease

STATE ☒ FEE ☐

State Oil &amp; 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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☐

2. Name of Operator

COG Operating LLC

3. Address of Operator

Fasken Center Tower II, 550 W. Texas Ave., Suite 1300 Midland, TX 79701

7. Lease Name or Unit Agreement Name  
Red Raider State

8. Well Number 001

9. OGRID Number

299137

10. Pool name or Wildcat

Wildcat Morrow

## Well Location

Unit Letter K : 1650 feet from the South line and 1980 feet from the West lineSection 19 Township 20S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3643 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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:

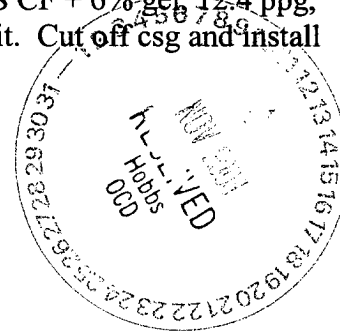
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☒ P AND A ☐CASING/CEMENT JOB ☒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.

11/01/04 Spud well @ 6:00 a.m. Drill 17-12" hole to 525'. Ran 12 jts 13-3/8" 48# H-40 STC csg. Total length 532.17', set @ 524'. Cmt w/ 250 sx 35 / 65 Poz C + 2% CaCl + 1/4 PPS CF + 6% gel - 12.4 ppg, 2.01 yld. Tail w/ 200 sx CI C + 2% CaCl, 14.8 ppg, 1.34 yld. Circ 95 sx to pit. Cut off csg and install wellhead.

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 ☐.SIGNATURE Diane Kuykendall TITLE Regulatory Analyst DATE 11/3/04Type or print name Diane Kuykendall E-mail address: dkuykendall@conchoresources.com Telephone No. 432-685-4372

## For State Use Only

APPROVED BY: Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 23 2004

Conditions of Approval (if any):