Office Engage	State of New Mexico	Form C-103 October 13, 2009
District I 1625 N. French Dr , Hobbs, NM 88240 District II 1301 W Grand Ave , Artesia, NM 88301 27 OIL CONSERVATION DIVISION		WELL API NO.
		30-025-40035
District III 1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410  District IV  1320 S. St. France Dr. Scatt Fo. NM		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
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		7. Lease Name or Unit Agreement Name
		Aircobra 12 State
PROPOSALS.)  1. Type of Well: Oil Well ⊠ Gas Well □ Other		8. Well Number 2H
2. Name of Operator		9. OGRID Number
COG Operating LLC		229137
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		10. Pool name or Wildcat Scharb; Bone Spring
4. Well Location		
	et from the <u>North</u> line and	1980 feet from the <u>East</u> line
Section 12 Township 19S Range 34E NMPM Lea County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3942'		
12. Check Appropriate Box to Indicate Nat	ure of Notice, Report or Other D	ata
NOTICE OF INTENTION	ro.   Sum	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON ☐ CHANGE PL	ILLING OPNS. P AND A	
PULL OR ALTER CASING   MULTIPLE C	OMPL CASING/CEMEN	IT JOB 🔲
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	Completion Operations
13. Describe proposed or completed operations. (C starting any proposed work). SEE RULE 19.13		
completion or recompletion.		
6/6/11 to 6/8/11 MIRU WSU. Tag & drill out DV		
6/9/11 to 7/12/11 Perforate Bone Spring 10900-14710'. Acdz w/29820 gal 7 1/2% HCL; Frac w/3015282# sand & 2577204 gal fluid. 7/13/11 Start flowing back and testing.		
7/13/11 Start howing back and testing.		
Spud Date: 4/22/11	D' D L D	5/24/11
Spud Date: 4/22/11	Rig Release Date:	3/24/11
	<del></del>	
I hereby certify that the information above is true an	nd complete to the best of my knowledge	ge and belief.
SIGNATURE	TITLE: <u>Regulatory Analyst</u>	DATE: <u>7/20/11</u>
Type or print name: Stormi Davis	E-mail address: <u>sdavis@conch</u>	o.com PHONE: (575) 748-6946
For State Use Only		ARBINELIA A A A A A A A A A A A A A A A A A A
APPROVED BY:  Conditions of Approval (if any):	TITLE PETROLECM BUS	DATE AUG 3 0 2011
COMMINIONS OF A DOLOVAL CHARLES.		