

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
RECEIVED
OIL CONSERVATION DIVISION
SEP 23 2013
220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

WELL API NO. 30-025-25518 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bebidas 16 State SWD ✓
8. Well Number 1 ✓
9. OGRID Number 229137 ✓
10. Pool name or Wildcat SWD; Delaware 96100 ✓

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>SWD</u> ✓	
2. Name of Operator COG Operating LLC	
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>16</u> Township <u>23S</u> Range <u>33E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3699' GR	

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Re-Entry Operations <input checked="" type="checkbox"/>

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.

8/8/13 to 8/21/13 MIRU. Test csg to 2000#. Held good. Drill out cmt plugs & clean down to 7620'. Set CIBP @ 7540'.

8/22/13 to 8/24/13 Perforate Delaware 5214-7340' (1940).

8/28/13 to 8/29/13 Acdz 6818-7340' w/6450 gal 7 1/2% HCl acid & 800 ball sealers. Acdz 6110-6732' w/7250 gal 7 1/2% HCl acid & 750 ball sealers. Acdz 5214-6018' w/10400 gal 7 1/2% HCl acid & 850 ball sealers.

9/3/13 to 9/4/13 Set 4 1/2" 11.6# N-80 tbg & NP pkr @ 5151'. Circ well w/140 bbls pkr fluid. Test csg to 1000#. Held good. Left message w/OCD to run MIT on 9/5/13.

9/5/13 Pressure test to 600# for 30 mins. Lost 15#. OCD approved test. Well is shut-in while building battery.

SWD-1412 (Chart is attached.)

NON WELL POD # 2837089

SWD 1412

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: 9/23/13
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY: [Signature] TITLE: Dist. Mgr DATE: 9-23-2013
Conditions of Approval (if any):

SEP 23 2013

