

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

Form C-103
Revised July 18, 2013

HOBBES OGD
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
DEC 04 2013

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.)		WELL API NO. 30-025-40969
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease. STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator One Concho Center, 600 W. Illinois Ave., Midland, TX 79701		7. Lease Name or Unit Agreement Name Osprey 20 State Com
4. Well Location Unit Letter <u>K</u> : 2590 feet from the <u>South</u> line and <u>1680</u> feet from the <u>West</u> line Section <u>20</u> Township <u>21S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well Number 3H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3714 GR		9. OGRID Number 229137
		10. Pool name or Wildcat WC-025 G-07 S213430M; Bone Spring

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

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

11/17/13 RU pump line to 9-5/8"x5-1/2" annulus, test to 1500 psi, test good, lead 680 sx cl H+10%W-60+5# KOL-Seal+2% CaCl2+.25% R-38, tail 292 sx class C neat, shut annulus casing valve.

11/19/13 MIRU 5K pump truck, connect to 9-5/8"x5-1/2" csg valve, loaded annulus w/119 bbls FW and tested to 1500 psi for 15 min, no leak off, applied 2500 psi to 5-1/2" csg then logged to 1930', 500' above new TOC@ 2430', rigged back on pump truck to 9-5/8"x5-1/2" annulus and chart recorded 1500 psi for 30 min, test good

*MIT chart and logs attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE B. Maiorino TITLE Regulatory Analyst DATE 12/2/13

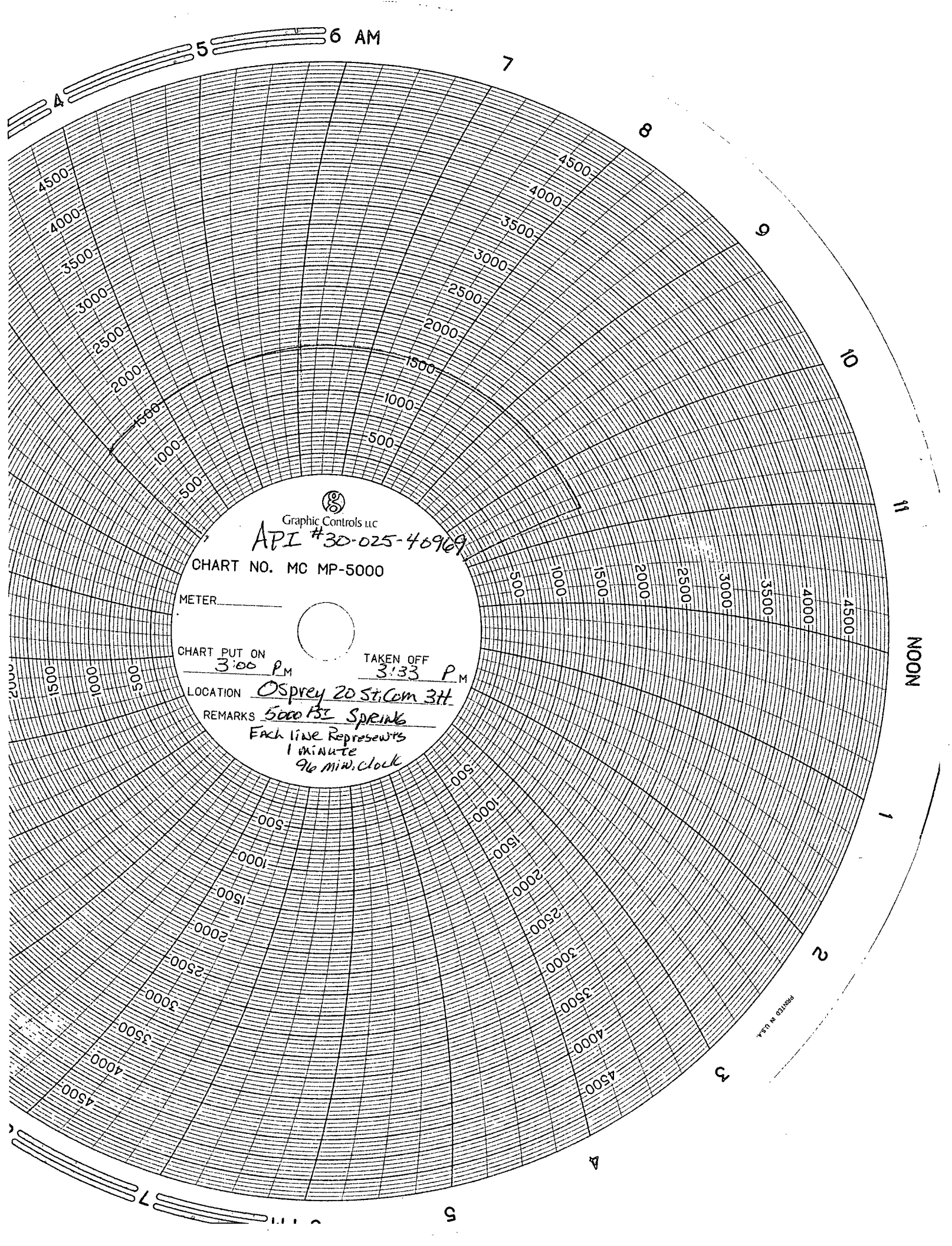
Type or print name Brian Maiorino E-mail address: bmaiorino@concho.com PHONE: 432-221-0467

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE DEC 30 2013

Conditions of Approval (if any):

DEC 30 2013



Graphic Controls LLC

API #30-025-46909

CHART NO. MC MP-5000

METER _____

CHART PUT ON
3:00 PM

TAKEN OFF
3:33 PM

LOCATION Osprey 20 St. Com 3H

REMARKS 5000 PSI Spring

Each line Represents
1 minute
96 min. clock

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