

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

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

WELL API NO. 30-025-41152
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Airstrip Fee Com
8. Well Number 1H
9. OGRID Number 229137
10. Pool name or Wildcat Scharb; Bone Spring

**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  **HOBBS OCD**

2. Name of Operator  
COG Operating LLC **AUG 29 2014**

3. Address of Operator  
2208 W. Main Street, Artesia, NM 88210 **RECEIVED**

4. Well Location  
Unit Letter P : 190 feet from the South line and 460 feet from the East line  
Section 7 Township 19S Range 35E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3853' GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 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: Completion 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.

7/17/14 to 7/26/14 MIRU. Test 5 1/2" x 9 5/8" annulus to 1500# for 15 mins. Drill cmt, FC & FS. Perf 17735-17745'. Perform injection test.

7/27/14 to 8/5/14 Ran CBL. TOC @ 4570'. Set CIBP @ 17590'. Perforate Bone Spring 10991-17565' (612). Acdz w/99712 gal 7 1/2% acid. Frac w/5081183# sand & 4353615 gal fluid.

8/7/14 Drilled out CFP's. Circulate clean.

8/11/14 Set 2 7/8" 6.5# L-80 tbg & pkr & began flowing back & testing.

8/25/14 to 8/26/14 Set 2 7/8" 6.5# L-80 tbg @ 10221' and place well on pump.

Spud Date: 6/14/14 Rig Release Date: 7/12/14

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: 8/26/14  
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

**For State Use Only**

APPROVED BY: *[Signature]* TITLE Petroleum Engineer DATE 09/12/14  
 Conditions of Approval (if any):

SEP 17 2014