Submit 1 Copy To Appropriate District Office	State of New Me Energy, Minerals and Natu	1.75) nt	Form C-103 ed July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, witherthe and trace	na resources	WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	DIVISION RE		
<u>District III</u> – (505) 334-6178	1220 South St. Fran	icis Dr.	5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87	505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				
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			7. Lease Name or Unit Agreement Name Tomcat Fee 8. Well Number	
			1H /	
2. Name of Operator			9. OGRID Number	
COG Operating LLC 3. Address of Operator			229137 10. Pool name or Wildcat	
2208 W. Main Street, Artesia, NM 88210			Scharb; Bone Spring	
4. Well Location				
Unit Letter D :	370 feet from the North	h line and	760 feet from the We	est line
Section 8		ange 35E	NMPM Lea	County
	11. Elevation (Show whether DR,			
	3876'	GR		<u> </u>
12. Check A NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	Appropriate Box to Indicate Na ITENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL		SEQUENT REPORT OI K	F: CASING
DOWNHOLE COMMINGLE	MOETH EE COM E	O/ (OII VO/ OEIVIEIV		
CLOSED-LOOP SYSTEM	•			
OTHER:			Completion Operations	
	pleted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC completion.			
8/28/14 to 8/29/14 MIRU. Test 5 1/2" x 9 5/8" annulus to 8000#. Perforate 15020-15030' (60). Perform injection test.				
9/2/14 to 9/4/14 Set CBP @ 15002' w/3315850# sand & 3015929 gal flu	7. Perforate Bone Spring 10779-149			
9/6/14 Drilled out CFP's. Circulate clean.				
9/7/14 to 9/8/14 Set 2 7/8" 6.5# L-80 tbg @ 10035' & pkr @ 10026'. Installed gas-lift system.				
9/9/14 to 9/8/14 Set 2 //8 6.3# L-8 9/9/14 Began flowing back & testin		nstaned gas-iiit sys	aem.	
Γ				
Spud Date: 7/30/14	Rig Release Da	ite:	8/19/14	
<u>-</u>				
I hereby certify that the information	above is true and complete to the bo	est of my knowledge	e and belief.	
SIGNATURE	ausTITLE: R	egulatory Analyst	DATE: <u>9/</u>	25/14
Type or print name: Stormi Da	vis E-mail address	s: <u>sdavis@conche</u>	o.com PHONE: (5	75) 748-6946
For State Use Only				
	I I	Petroleum Engin	eer	111/112
APPROVED BY:Conditions of Approval (if any):	TITLE		DATE_///	161/4_
Conditions of Approval (really).				, ; · · · · · · · · · · · · · · · · · ·
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