

<b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 <b>District II</b> 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 <b>District IV</b> 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	<b>State of New Mexico</b> <b>Energy, Minerals and Natural</b> <b>Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b>	Form C-103 August 1, 2011 Permit 195330 <hr/> WELL API NUMBER 30-025-41977 <hr/> 5. Indicate Type of Lease S <hr/> 6. State Oil & Gas Lease No.  <hr/> 7. Lease Name or Unit Agreement Name MAGNUM PRONTO STATE																																																																
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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: O		8. Well Number 006H																																																																
2. Name of Operator COG OPERATING LLC		9. OGRID Number 229137																																																																
3. Address of Operator One Concho Center, 600 W. Illinois Ave, Midland, TX 79701		10. Pool name or Wildcat																																																																
4. Well Location Unit Letter <u>D</u> : <u>190</u> feet from the <u>N</u> line and feet <u>330</u> from the <u>W</u> line Section <u>32</u> Township <u>19S</u> Range <u>32E</u> NMPM County <u>Lea</u>																																																																		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3544 GR																																																																		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																																																																		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>		Other: _____		Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>																																													
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 10/21/14 TD 8 3/4" vertical hole @ 8698' (KOP). 10/26/14 TD 7 7/8" lateral @ 13750'. Set 5 1/2" 17# P-110 csg @ 13750'. Cmt w/1400 sx Class C. Tailed in w/1050 sx. Circ 197 sx to surface. 10/28/14 Rig released. <b>10/12/2014</b> Spudded well.																																																																		
<b>Casing and Cement Program</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>10/13/14</td> <td>Surf</td> <td></td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>J55</td> <td>0</td> <td>875</td> <td>675</td> <td></td> <td>C</td> <td></td> <td>1000</td> <td>0</td> <td></td> </tr> <tr> <td>10/16/14</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>36</td> <td>J55</td> <td>0</td> <td>4087</td> <td>2150</td> <td></td> <td>C</td> <td></td> <td>1000</td> <td>0</td> <td></td> </tr> <tr> <td>10/26/14</td> <td>Prod</td> <td></td> <td>7.875</td> <td>5.5</td> <td>17</td> <td>P110</td> <td>0</td> <td>13750</td> <td>2450</td> <td></td> <td>C</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole	10/13/14	Surf		17.5	13.375	54.5	J55	0	875	675		C		1000	0		10/16/14	Int1		12.25	9.625	36	J55	0	4087	2150		C		1000	0		10/26/14	Prod		7.875	5.5	17	P110	0	13750	2450		C				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .																																																																		
SIGNATURE _____ TITLE _____ DATE _____ Type or print name _____ E-mail address _____ Telephone No. _____																																																																		
<b>For State Use Only:</b> APPROVED BY: <u>Paul Kautz</u> TITLE <u>Geologist</u> DATE <u>11/12/2014 10:56:12 AM</u>																																																																		

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