

<p>District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720</p> <p>District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720</p> <p>District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170</p> <p>District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462</p>	<p>State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505</p>	<p style="text-align: right;">Form C-103 August 1, 2011 Permit 195341</p> <p>WELL API NUMBER 30-025-42000</p> <p>5. Indicate Type of Lease S</p> <p>6. State Oil & Gas Lease No.</p>															
<p>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.)</p>		<p>7. Lease Name or Unit Agreement Name CABO BLANCO STATE</p>															
1. Type of Well: O		8. Well Number 003H															
2. Name of Operator COG PRODUCTION, LLC		9. OGRID Number 217955															
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		10. Pool name or Wildcat															
4. Well Location Unit Letter <u>1</u> : <u>490</u> feet from the <u>N</u> line and feet <u>1265</u> from the <u>E</u> line Section <u>5</u> Township <u>24S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>																	
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3668 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																	
NOTICE OF INTENTION TO:																	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>															
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>															
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>															
Other: _____		Other: Drilling/Cement <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 10/30/14 TD 8 3/4" lateral @ 15461' (KOP @ 10704'). Set 5 1/2" 17# P-110 csg @ 15461'. Cmt w/1050 sx Class H. Tailed in w/1250 sx. DNC. 11/2/14 Rig released. 10/11/2014 Spudded well.																	
Casing and Cement Program																	
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	1354	1000		C		1000	0			
10/17/14	Int1		12.25	9.625	40	L80	0	5182	1350		C		1500	0			
10/31/14	Prod		8.75	5.5	17	P110		15461	2300		H						
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 NMOCD 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. _____		
For State Use Only:																	
APPROVED BY: _____			TITLE _____			DATE _____											

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