

Submit 1 Copy To Approved Regulatory Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88201  
 District II - (575) 748-1500  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Artesia, NM 88210  
 District IV - (505) 476-5400  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OCD**  
**FEB 17 2015**  
**RECEIVED**

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

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. 30-025-21230
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 COBALT OPERATING, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 3001 N. BIG SPRING, ST. STE. 206 MIDLAND, TEXAS 79705		7. Lease Name or Unit Agreement Name STATE A
4. Well Location Unit Letter <u>H</u> : 1980 feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>05</u> Township <u>24S</u> Range <u>38E</u> NMPM County <u>LEA</u>		8. Well Number
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,300'		9. OGRID Number 286255
		10. Pool name or Wildcat <u>&lt;97100&gt;</u> <u>WG-025 E-06 4243805C; DEVONIAN</u>

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: RECOMPLETION <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Recompletion <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

We Shot 2 JSPF between 9,288'-9,298'  
 Then Tested. was prod test  
Shut-In waiting on power  
Per IAT

**OCD requires forms C-104 & C-105.**  
 You are not authorized to sell production from this well until the C-104 has been approved.

Spud Date:

02/6/2015

Rig Release Date:

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

SIGNATURE Joann Tercero TITLE REGULATORY ANALYST DATE 02/06/2015

Type or print name JOANN TERCERO E-mail address: joann@cobaltoperating.com PHONE: 432-683-8030

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 02/17/15

Conditions of Approval (if any):

MAR 17 2015