

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. 30-025-36871
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Red Raider State
8. Well Number: 1
9. OGRID Number 229137
10. Pool name or Wildcat Featherstone; Bone Spring, East

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	HOBBS OCD
2. Name of Operator COG Operating LLC	MAR 23 2015
3. Address of Operator One Concho Center, 600 W. Illinois Ave, Midland, TX 79701	RECEIVED
4. Well Location Unit Letter <u>K</u> : <u>1650</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>19</u> Township <u>20S</u> Range <u>36E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3643' GR	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: <input type="checkbox"/>	Test upper Bone Spring <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.

2/11/15 MIRU pooh w/rods and pump
2/12/15 NU BOP pooh w/tbg
2/13/15 rih w/cibp set @ 9894', dump 35' cmt on top of CIBP
2/14/15 loaded csg w/fresh water, pressured to 4800# for 30 min, test good, tagged cmt @ 9852'
2/17/15 perf Bone Spring 7570-7575', 20 shots,
2/18/15 rih w/tbg and pkr @ 7496, set pkr @ acidize perms w/1000 gal NE Fe 7.5%, swabbed well, no oil or gas shows
2/24/15 pooh w/tbg and pkr, rih w/sn and 229 jnts tbg, ND BOP, flanged up well, rdmo
3/06/15 pumped 2 loads pkr fluid, well shut in, will P&A

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

SIGNATURE B. Maiorino TITLE Regulatory Analyst DATE 3/17/15

Type or print name Brian Maiorino E-mail address: bmaiorino@concho.com PHONE: 432-221-0467

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 04/01/15

Conditions of Approval (if any):

APR 02 2015

fm