

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 August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-40858 ✓
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 Sopapilla State ✓
8. Well Number 2H ✓
9. OGRID Number 217955
10. Pool name or Wildcat Brinninstool; Bone Spring

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 **HOBBS OCD**

2. Name of Operator
COG Production LLC ✓ **APR 30 2015**

3. Address of Operator
2208 W. Main Street, Artesia, NM 88210 **RECEIVED**

4. Well Location
 Unit Letter N : 190 feet from the South line and 2260 feet from the West line
 Section 2 Township 23S Range 33E NMPM Lea County ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3549' 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"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion Operations <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.

2/18/15 MIRU. Pressure test to 9200#. Good test. Set CBP @ 15480'. Test to 8525#. Good test. Perforate 15430-15440' (60). Injection test into perfis.

2/27/15 to 3/3/15 Perforate Bone Spring 11276-15380' (756). Acid w/130074 gal 7 1/2% acid. Frac w/6556896# sand & 6544944 gal fluid.

3/7/15 Drilled out all CFP's.

3/8/15 to 3/12/15 Set 2 7/8" 6.5# L-80 tbg @ 10451' & pkr @ 10441'. Test csg to 1500#.

3/13/15 Began flowing back & testing.

Spud Date: 1/22/15 Rig Release Date: 2/13/15

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

SIGNATURE *Stormi Davis* TITLE: Regulatory Analyst DATE: 4/24/15
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY: *[Signature]* TITLE: Petroleum Engineer DATE: 05/04/15
 Conditions of Approval (if any):

MAY 04 2015 *AM*