| Submit 1 Copy To Appropriate District Office  | State of New Mexico                     |                          | Form C-103                        |                                  |
|---|---|--------------------------|-----------------------------------|----------------------------------|
| District I – (575) 393-6161   | Energy, Minerals and Natural Resources  |                          | Revised August 1, 2011            |                                  |
| 1625 N. French Dr., Hobbs, NM 88240   |   |                          | WELL API NO.                      |                                  |
| District II – (575) 748-1283  | OIL CONSERVATION DIVISION               |                          | 30-025-41107                      |                                  |
| 811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178  | 1220 South St. Francis Dr.              |                          | 5. Indicate Type of Lease         | _                                |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | Santa Fe, NM 87505                      |                          | STATE STATE                       |                                  |
| District IV – (505) 476-3460  | Santa PC, INVI 87303                    |                          | 6. State Oil & Gas Lease No.      |                                  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |   |                          |                                   |                                  |
| SUNDRY NOTICES AND REPORTS ON WELLS   |   |                          | 7. Lease Name or Unit Agree       | ement Name                       |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A                                     |   |                          | Warbler State                     |                                  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)                             |   | warbier State            |                                   |                                  |
| 1. Type of Well: Oil Well   | Gas Well Other HOBBS OCD                |                          | 8. Well Number                    |                                  |
| 1. Type of Well. On Well  | Gus Well Guidi                          |                          | 1H                                |                                  |
| 2. Name of Operator   | - 1118                                  | 2 2 2015                 | 9. OGRID Number                   |                                  |
| COG Operating LLC   | JUL # 4 5510                            |                          | 229137                            |                                  |
| 3. Address of Operator  |   | 10. Pool name or Wildcat |                                   |                                  |
| 2208 W. Main Street, Artesia,   | NM 88210 RECEIVED                       |                          | WC-025 G-06 S213323D; Bone Spring |                                  |
| 4. Well Location  |   |                          |                                   |                                  |
| Unit Letter D   | 330 feet from theNor                    | th line and              | 190 feet from the We              | est line                         |
| Section 28  |   |                          | NMPM Lea                          |                                  |
|   |   |                          |                                   |                                  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3704' GR   |   |                          |                                   |                                  |
| The second se | 3704                                    | <u> </u>                 |                                   | San Statistica Statistica (1979) |
|   |   | CNT 4                    | D O.1 D .                         |                                  |
| 12. Check A   | Appropriate Box to Indicate Na          | iture of Notice,         | Report or Other Data              |                                  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |   |                          |                                   |                                  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  |   |                          | · - · - · - · · · · · · · · · · · | CASING 🗆                         |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL  |   |                          | <u>=</u>                          |                                  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT   |   |                          |                                   |                                  |
| DOWNHOLE COMMINGLE  |   | O/ IOII TO/ OEIVIET      |                                   |                                  |
| 2011111022 001111111022   |   |                          |                                   |                                  |
| OTHER:  |   | OTHER:                   | Drilling                          | $\boxtimes$                      |
| 13. Describe proposed or comp   | oleted operations. (Clearly state all p | ertinent details, an     | d give pertinent dates, including | g 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.  |   |                          |                                   |                                  |
|   |   |                          |                                   |                                  |
| 3/31/15 Spud 34" hole & drill to 10   | )'. Set 10' of 30" pipe.                |                          |                                   |                                  |
| 4/16/15 Drilled 5' of 26" hole. TD  |   |                          |                                   |                                  |
| 5/5/15 Drilled 5' of 26" hole. TD = 20'.  |   |                          |                                   |                                  |
| <b>5/21/15</b> Drilled 5' of 26" hole. TD = 25'.  |   |                          |                                   |                                  |
| <b>6/8/15</b> Drilled 5' of 26" hole. TD =  |   |                          |                                   |                                  |
| 6/26/15 Drilled 5' of 26" hole. TD = 35'.   |   |                          |                                   |                                  |
| <b>7/13/15</b> Drilled 5' of 26" hole. TD   | = 40'.                                  |                          |                                   |                                  |
|   |   |                          |                                   |                                  |
|   |   |                          |                                   |                                  |
| Spud Date: 3/31/1   | 5 Rig Release Dat                       | te.                      |                                   |                                  |
| Spud Date.  |   |                          |                                   |                                  |
|   |   |                          |                                   |                                  |
| TI I C I I C  | 1 2 4 1                                 | -4 - C 1 1 - 1           | 11 11 - 6                         |                                  |
| I hereby certify that the information   | above is true and complete to the be    | si of my knowledg        | e and belief.                     |                                  |
|   | <b>\</b>                                |                          |                                   |                                  |
| SIGNATURE_  | TITLE: Re                               | egulatory Analyst        | DATE: <u></u>                     | 14/15                            |
| Type or print name: Stormi Da   | vis E-mail address                      | : _sdavis@conch          | o.com PHONE: (5                   | 75) 748-6946                     |
| 71 1  |   |                          | 1                                 |                                  |
| For State Use Only  | بعد                                     |                          |                                   |                                  |
| ADDROVED DV.  | cepted for Record Only                  |                          | DATE                              |                                  |
| APPROVED BY: Conditions of Approval (if any):   | IIILE                                   |                          | DATE                              |                                  |
| Conditions of Approval (it ally).   |   |                          |                                   |                                  |

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