

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. 30-025-40944 ✓
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 Corazon 4 State SWD ✓
8. Well Number 1 ✓
9. OGRID Number 229137
10. Pool name or Wildcat SWD; Cherry Canyon-Brushy Canyon

**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 SWD

2. Name of Operator  
COG Operating LLC ✓

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

4. Well Location  
 Unit Letter J : 3800 feet from the North line and 2500 feet from the East line  
 Section 4 Township 21S Range 33E NMPM Lea County ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3805' GR

RECEIVED  
 OCT 08 2015  
 HOBBS OCD

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: Test/Repair Tubing or Packer Leak <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.

8/19/15 to 9/25/15 MIRU WSU. Released pkr. Found hole in 2<sup>nd</sup> collar below tbg hanger. POOH w/tbg & pkr & inspect. All in good shape. RIH w/tbg. Set RBP @ 5626'. Test to 500# for 10 mins. Good test. Circ w/181 bbls pkr fluid. Test to 530# for 30 mins. Good test. Unset RBP & TOOH. Set 4 1/2" 11.6# L-80 tbg & NP pkr @ 5651'. Test csg to 1000#. Good test. Ran MIT. Test to 560# for 30 mins. Test approved by OCD rep.

(Chart Attached)

Spud Date: 4/1/13 Rig Release Date: 4/16/13

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

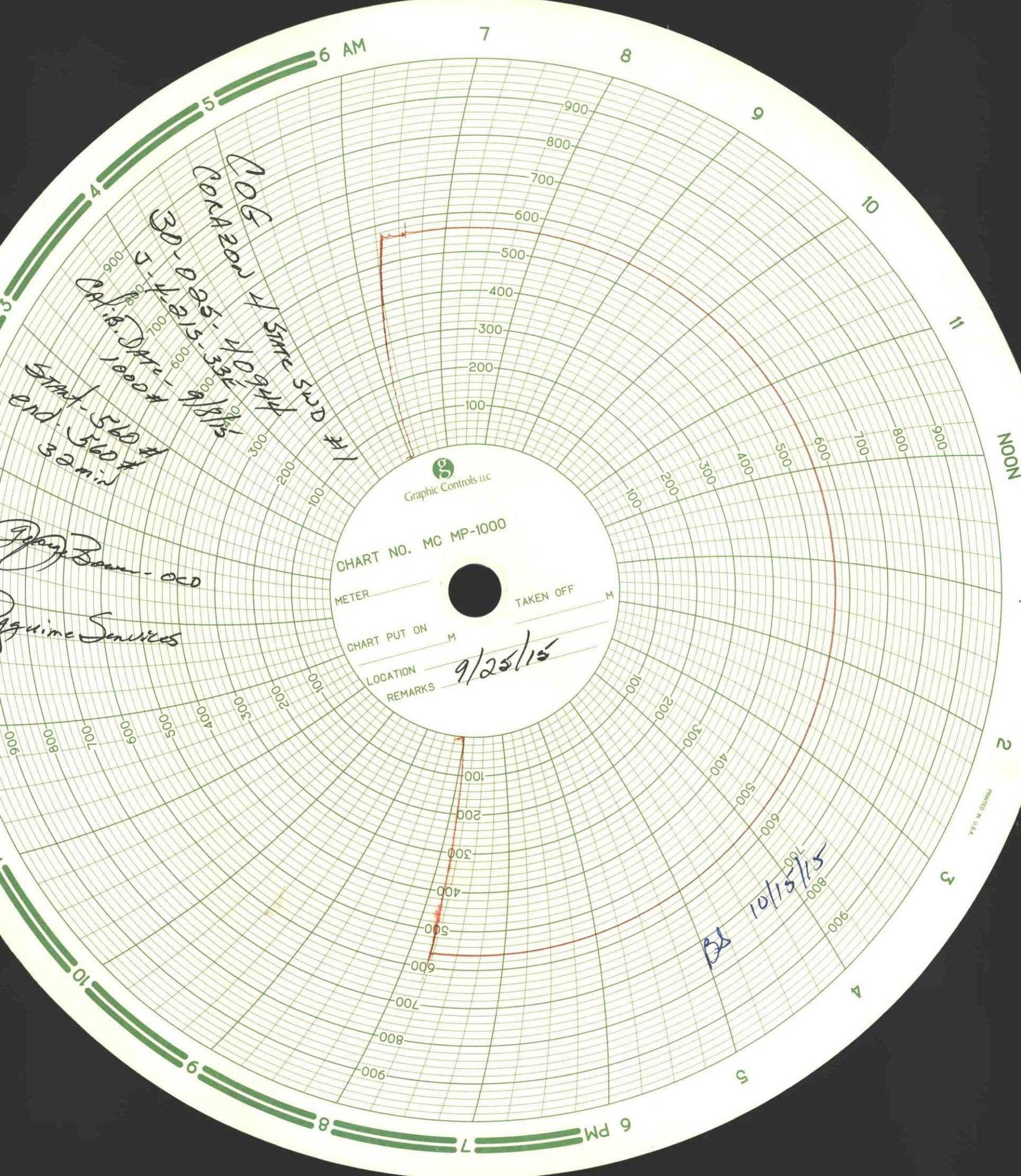
SIGNATURE Stormi Davis TITLE: Regulatory Analyst DATE: 10/1/15  
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

**For State Use Only**

APPROVED BY: Bill Sanamah TITLE Staff Manager DATE 10/15/15  
 Conditions of Approval (if any):

OCT 16 2015

WB  
 dm



Graphic Controls Inc

CHART NO. MC MP-1000

METER \_\_\_\_\_ TAKEN OFF \_\_\_\_\_ M

CHART PUT ON \_\_\_\_\_ M

LOCATION 9/25/15

REMARKS \_\_\_\_\_

COG 3000 1/2 SIMC 3200 #1  
 30-0 25-33 1/2 1/2 1/2  
 Calib. Data 1000 #  
 Start - 560 #  
 end - 560 #  
 30 min

*John Brown - OCO*

*Agume Services*

*BS 10/15/15*

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