

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 87400
 District IV – (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD
APR 18 2016
RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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"/>		WELL API NO. 30-025-42517 ✓
2. Name of Operator COG Production LLC ✓		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>N</u> : <u>190</u> feet from the <u>South</u> line and <u>1960</u> feet from the <u>West</u> line ✓ Section <u>7</u> Township <u>24S</u> Range <u>33E</u> NMPM Lea County		7. Lease Name or Unit Agreement Name Macho Nacho State Com ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3571' GR		8. Well Number 8H ✓
9. OGRID Number 217955 ✓		10. Pool name or Wildcat Triple X; Bone Spring, West

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

NOTICE OF INTENTION TO: 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: <input type="checkbox"/>		SUBSEQUENT REPORT OF: 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: Completion Operations <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.

11/17/15 to 11/18/15 MIRU. Test annulus to 1500#. Good test. Ran CBL. TOC @ 960'. Set CBP @ 14040'. Test csg to 8248#. Good test. Perforate Bone Spring 13914-14015' (36). Pump injection test.

2/13/16 to 2/20/16 Perforate Bone Spring 9663-13858' (972). Acdz 9663-14015' w/83034 gal 7 1/2% acid. Frac w/8722048# sand & 8257704 gal fluid. SWI to frac #9H well.

3/3/16 Began flowing back & testing.

3/9/16 to 3/24/16 Drilled 4 frac plugs. Encountered fish & recovered. Drilled all remaining frac plugs. Cleaned out to CBP @ 14040'.

3/28/16 Set 2 7/8" 6.5# L-80 tbg @ 9618' & pkr @ 8935'. Installed gas-lift system.

Spud Date: 9/24/15 Rig Release Date: 10/17/15

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: 4/12/16
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY: *Stormi Davis* TITLE: Petroleum Engineer DATE: 04/06/16
 Conditions of Approval (if any):

MAY 10 2016

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