

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 July 18, 2013

1625 N. French Dr., Hobbs, NM 88240

HOBBS OCD
SEP 12 2016
RECEIVED

District II - (575) 748-1283

OIL CONSERVATION DIVISION

811 S. First St., Artesia, NM 88210

1220 South St. Francis Dr.

District III - (505) 334-6178

Santa Fe, NM 87505

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM 87505

WELL API NO. 30-025-42783
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 Viking Helmet State Com
8. Well Number 2H
9. OGRID Number 229137
10. Pool name or Wildcat WC-025 G-09 S243532M; Wolfbone

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

2. Name of Operator
COG Operating LLC

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

4. Well Location
Unit Letter B : 190 feet from the North line and 1980 feet from the East line
Section 29 Township 24S Range 35E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3320' 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: 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.

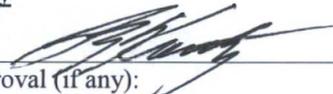
- 4/4/16 to 5/19/16 Test annulus to 1500# for 15 mins. Good test. Perforate 19370-19380' (60). Injection test.
- 5/31/16 to 6/14/16 Perforate 12407-19314' (1656). Acdz w/117,642 gal 7 1/2% acid. Frac w/13,803,595# sand & 18,664,128 gal fluid.
- 6/23/16 to 6/26/16 Drilled out frac plugs. Circulate clean.
- 6/27/16 to 6/28/16 Set 2 7/8" 6.5# L-80 tbg @ 11627' & pkr @ 11608'. Installed gas-lift system.
- 7/1/16 Began flowing back & testing.

Spud Date: 12/31/15 Rig Release Date: 2/6/16

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

SIGNATURE  TITLE: Regulatory Analyst DATE: 8/16/16
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY:  TITLE: Petroleum Engineer DATE: 09/19/16
Conditions of Approval (if any):