

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 July 18, 2013

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

HOBBS OGD
NOV 20 2017
RECEIVED

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator COG Operating LLC</p> <p>3. Address of Operator 2208 W. Main Street, Artesia, NM 88210</p> <p>4. Well Location Unit Letter <u>P</u> : <u>210</u> feet from the <u>South</u> line and <u>1165</u> feet from the <u>East</u> line Section <u>17</u> Township <u>26S</u> Range <u>33E</u> NMPM Lea County</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3260' GR</p>	<p>WELL API NO. 30-025-43551</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name Vast State</p> <p>8. Well Number 22H</p> <p>9. OGRID Number 229137</p> <p>10. Pool name or Wildcat Sanders Tank; Upper Wolfcamp</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>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"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>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"/></p>
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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.

7/7/17 to 8/11/17 Test 7 5/8" x 5 1/2" csg to 1500# for 30 mins. Set CBP @ 17115' and injection test. Perf 12584-17075' (1320). Acdz w/42,416 gal 7 1/2% acid and 23,016 gal 15% acid; frac w/8,917,383# sand & 10,192,514 gal fluid.

8/19/17 Drilled out frac plugs. Clean down to CBP @ 17115'.

8/20/17 to 8/28/17 Set 2 7/8" 6.5# L-80 tbg @ 11458' & pkr @ 11448'. Installed gas-lift system.

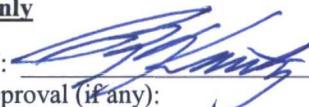
9/7/17 Began flowing back & testing.

Spud Date: 4/15/17 Rig Release Date: 6/13/17

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

SIGNATURE  TITLE: Regulatory Analyst DATE: 10/31/17
 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: 11/22/17
 Conditions of Approval (if any):