

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

Form C-103
 Revised July 18, 2013

| |
|---|
| WELL API NO. 30-025-42461 |
| 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 WILD COBRA 1 STATE SWD |
| 8. Well Number 2 |
| 9. OGRID Number 229137 |
| 10. Pool name or Wildcat Devonian |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3963.5" GR |

RECEIVED
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 St. Artesia, NM 88210

4. Well Location
 Unit Letter C : 660 feet from the North line and 1650 feet from the West line
 Section 1 Township 19S Range 34E NMPM LEA County NM

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: MIT TESTING <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.

Test performed 03.06.19 by Gary Henrich EPI Consulting
 Witnessed by Kerry Fortner
 Please see attached

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

SIGNATURE Jeanette Barron TITLE Regulatory Analyst DATE 03.19.19

Type or print name Jeanette Barron E-mail address: jbarron@concho.com PHONE: 575-748-6974
For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 3-22-19
 Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

HOBBS COO

MAR 22 2019

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

RECEIVED

BRADENHEAD TEST REPORT

| | | |
|--|--|--|
| Operator Name COG OPERATING, LLC | | API Number 30-025-40404-0000 |
| Property Name WILD COBRA 1 STATE SWD | | Well No. 002 |

| Surface Location | | | | | | | | | |
|------------------|---------|----------|-------|-----------|----------|-----------|----------|--------|--|
| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet from | E/W Line | County | |
| E | 01 | 19-S | 34-E | 1815 | N | 460 | W | LEA | |

| Well Status | | | | | DATE |
|---|---|--------------------|-------------------|--------|------|
| TA'D Well | SHUT-IN | INJECTOR | PRODUCER | | |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | YES SWD | OK GAS | 3/6/19 | |

OBSERVED DATA

| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Prod Case | (E)Tubing |
|----------------------|----------------|--------------|--------------|--------------|--------------------|
| Pressure | 0 | 0 | — | 0 | 0 |
| Flow Characteristics | | | | | NOT END |
| Puff | Y/O | Y/O | Y/N | Y/O | CO2 _____ |
| Steady Flow | Y/O | Y/O | Y/N | Y/O | WTR _____ |
| Surges | Y/O | Y/O | Y/N | Y/O | GAS _____ |
| Down to nothing | O/N | O/N | Y/N | O/N | If applicable type |
| Gas or Oil | Y/O | Y/O | Y/N | Y/O | fluid injected for |
| Water | Y/O | Y/O | Y/N | Y/O | Waterflood |

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

POST WORKOVER MIT TEST
STANDARD SERVICES
Ser # 1011
CAL 11/1/18
START 605# END 620#

| | |
|--|---------------------------|
| Signature: <i>Brian Collins</i> | OIL CONSERVATION DIVISION |
| Printed name: Brian Collins | Entered into RDDMS |
| Title: Facilities Engineering Advisor | Re-test |
| E-mail Address: bcollins@concho.com | <i>X 7</i> |
| Date: 3-6-19 | |
| Phone: 575-748-6940 | |
| Witness: KERRY FORTNER-OCD 575-399-3221 | |

