

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 OCD

JAN 21 2020

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)		WELL API NO. <sup>2</sup> 30-015-45233
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name Huckleberry State Com
4. Well Location Unit Letter <u>B</u> : <u>145</u> feet from the <u>North</u> line and <u>2620</u> feet from the <u>East</u> line Section <u>27</u> Township <u>21S</u> Range <u>33E</u> NMPM Lea County		8. Well Number 503H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3744' GR		9. OGRID Number 229137
		10. Pool name or Wildcat WC-025 G-08 S213304D; BONE SPRING

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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.

8/22/19/19 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 21,035'. Test to 8512#. Test Good.  
 10/6/19 to 10/19/19 Perf 10,942 - 21,010' (1428). Acdz w/ 0 gal 7-1/2%; frac w/ 20,415,885# sand & 20,422,164 gal fluid.  
 11/9/19 to 11/10/19 Drill out CFP's. Clean down to PBD @ 21,035'.  
 11/17/19 to 11/19/19 Set 2 7/8" 6.5# L-80 tbg @ 10,232 and pkr @ 10,222'.  
 12/5/19 Began flowback & testing. Date of first production.

Spud Date: 3/4/19 Rig Release Date: 5/27/19

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

SIGNATURE Amanda Avery TITLE: Regulatory Analyst DATE: 1/16/2020  
 Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

**For State Use Only**

APPROVED BY: P. Maas TITLE: L.M. DATE: 1/29/2020  
 Conditions of Approval (if any):