

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

NOBBS OGD  
 RECEIVED  
 JAN 22 2020

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.)		WELL API NO. 30-025-45255
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 type="checkbox"/> FEE <input checked="" 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 Van Gogh Fee
4. Well Location Unit Letter <u>B</u> : <u>210</u> feet from the <u>North</u> line and <u>2630</u> feet from the <u>East</u> line Section <u>11</u> Township <u>24S</u> Range <u>34E</u> NMPM Lea County		8. Well Number 101H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3470' GR		9. OGRID Number 229137
10. Pool name or Wildcat Red Hills; Bone Spring, North		

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"/>	
--	--	--	--

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.

8/8/19 Test annulus to 1500# for 30 mins. Good test. Set CBP @ 13,943'. Test to 8,498#. Test good.

8/20/19 to 8/23/19 Perf 9,196-13,918' (456). Acdz w/ 54,432 gal 7-1/2%; frac w/ 9,050,790# sand & 8,559,390 gal fluid.

8/25/19 Drill out CFP's. Clean down to CBL @ 13,943'.

8/27/19 - 8/29/19 Set 2 7/8" 6.5# L-80 tbg @ 8,513' & pkr @ 8,504'.

10/11/19- Began flowback & testing. Date of first production.

Spud Date: 4/26/19 Rig Release Date: 7/30/19

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: 10/23/19  
 Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

**For State Use Only**

APPROVED BY: P. W. [Signature] TITLE: L.M. DATE: 2/12/2020  
 Conditions of Approval (if any):