

Submit 3 Copies to Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-025-38059
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 Dinwiddie State
8. Well Number 1
9. OGRID Number 229137
10. Pool name or Wildcat Wildcat; Bone Spring

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.)

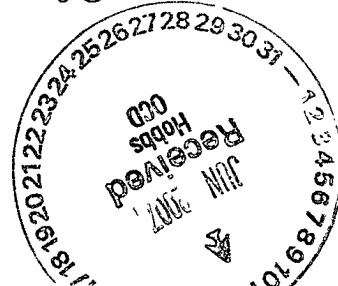
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator COG Operating LLC
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701
4. Well Location Unit Letter M : 660' feet from the South line and 660' feet from the West line Section 16 Township 25S Range 36E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3100' GR
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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"/>	
OTHER: <input type="checkbox"/>		OTHER: Re-completion <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3-26-07 ND tree & NU BOP. Rel pkr & POH. Set CIBP @ 11,250' w/ 35' cmt on top.
3-27-07 TOC @ 10,150'. Shot 10 holes @ 10,000' - 10,005'. Could not break circ.
Shot 10 holes @ 9800' - 9805' & could not break circ.
3-28-07 Ran GR to 11,380' & did not tag CIBP. Set 4-1/2" CIBP @ 11,220'.
3-29-07 Capped CIBP @ 11,220' w/ 35' cmt. Set CIBP @ 9650' w/ 35' cmt on top. Cut 13.5# 4-1/2" csg @ 9524' & LD.
4-25-07 Set 7" CIBP @ 9500' w/ 35' cmt on top - test to 1500 psi. NEW PBTD 9465'.
Perf Bone Spring w/ 4 SPF @ 9392' - 9406' - 57 holes.
4-26-07 Acidize perms w/ 1500 gal acid. Flow & swab well.
5-03-07 Acidize perms w/ 5000 gal acid. Flow & swab well. WOO.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Phyllis A. Edwards TITLE Regulatory Analyst DATE 6/1/2007

Type or print name Phyllis A. Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340

For State Use Only

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE AUG - 3 2007

Conditions of Approval (if any): 2A Jal Strawn West Assoc