

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. 30-25-36885
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name Hopi 35 State Com
2. Name of Operator COG Operating LLC	8. Well Number 001
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701	9. OGRID Number 229137
Well Location Unit Letter <u>K</u> : <u>2154</u> feet from the <u>South</u> line and <u>1392</u> feet from the <u>West</u> line Section <u>35</u> Township <u>11S</u> Range <u>32E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Wildcat Morrow
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4363 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: 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"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5-16-05 Drill to 11,020' TD. Log well. Uneconomical to produce. Prep to P&A

5-17-05 Spot Plug #1: 30 sx CI H from 11,020' to 10,020'.

Spot Plug #2: 30 sx CI H from 8480' to 8380'.

Spot Plug #3: 30 sx CI H from 6492' to 6392'.

5-18-05 Spot Plug #4: 50 sx CI H from 5000' to 4900'.

Spot Plug #5: 40 sx CI C from 3744' to 3644'. Tag TOC @ 3544'.

Spot Plug #6: 30 sx CI C from 1500' to 1400'.

Spot Plug #7: 30 sx CI C from 413' to 313'.

Spot Plug #8: 25 sx CI C from 60' to surface. Jet pits. Release rig @ 12 midnight.

WELL PLUGGED & ABANDONED

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.emnrd.state.nm.us/oed.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Phyllis A. Edwards TITLE Regulatory Analyst DATE 5/01/08

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 DISTRICT SUPERVISOR/GENERAL MANAGER DATE JUL 15 2008

Conditions of Approval (if any):