| Submit 3 Copies 10 Appropriate District Office District I   | State of New Mexico                                    |                              |                              |                                    | Form C-103<br>May 27, 2004                           |  |  |
|---|--|------------------------------|------------------------------|------------------------------------|--|--|--|
| 1625 N. French Dr., Hobbs, NM 88240   |  |                              |                              | WELL AI                            | WELL API NO.   |  |  |
| District II  1301 W. Grand Ave., Artesia, NM 8 DECEMBER VATION DIVISION  District III   |  |                              |                              | 5 T 1' 4                           | 30-025-39029 5. Indicate Type of Lease               |  |  |
| District III 1000 Rio Brazos Rd. Aztec NM 87410 T220 South St. Francis Dr.  |  |                              |                              |                                    |  | EE 🗆 🖊                                   |  |
| District IV Santa Fe. NM 87505  |  |                              |                              |                                    | Dil & Gas Lease N                                    |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM 10BBSOCD  |  |                              |                              |                                    |  |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |                              |                              | 7. Lease                           | Name or Unit Ag                                      | reement Name                             |  |
| (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.)   |  |                              |                              | 9 Wall N                           | Leaker CC  8. Well Number 018                        |  |  |
| 1. Type of Well: Oil Well Gas Well Other  |  |                              |                              |                                    |  | 10                                       |  |
| 2. Name of Operator  COG Operating LLC  |  |                              |                              |                                    | Number <b>229137</b>                                 |  |  |
| 3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701  |  |                              |                              | 1                                  | 10. Pool name or Wildcat  Maljamar; Yeso, West 44500 |  |  |
| 4. Well Location  |  |                              | ,                            |                                    | 711101, 1030, 110                                    | ,31 44300                                |  |
| Unit Letter <b>G</b> :  | 2310 feet from the No                                  | orth line                    | and 1650                     | feet from                          | the East   | line                                     |  |
| Section 16  |  | <b>7S</b> Ran                |                              | NMP                                |  | unty <b>Lea</b>                          |  |
|   | 11. Elevation (Show wh                                 |                              |                              | etc.)                              | Late 1   |  |  |
| Pit or Below-grade Tank Application □ or  | Closura  | 3576 GR                      |                              |                                    | C. C             |  |  |
| Pit type Depth to Groundwater   | Distance from nearest fresl                            | h water well                 | Distance from                | ı nagrast surfaca u                | Vator  |  |  |
| -   | ow-Grade Tank: Volume                                  |                              | s; Constructi                |                                    | ater   |  |  |
|   |  |                              |                              |                                    | Other Data   |  |  |
| 12. Check A   | ppropriate Box to Inc                                  | iicaic Naiu                  | e of Notic                   | e, Report or                       | Other Data   |  |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |  |                              |                              |                                    |  |  |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING  |  |                              |                              |                                    |  | <del></del>                              |  |
| TEMPORARILY ABANDON   |  |                              |                              |                                    |  |  |  |
| TOLE ON ALTEN CAGING  | MOETIFEE COMPE   |                              | KSING/CEIVII                 | ENT JOB                            | Ш  |  |  |
| OTHER: Change intermediate c  | asing setting depth                                    |                              | HER:                         |                                    |  |  |  |
| 13. Describe proposed or comple of starting any proposed work   | ted operations. (Clearly                               | state all perti              | nent details,                | and give pertin                    | ent dates, includi                                   | ng estimated date                        |  |
| or recompletion.  | k). BLL ROLL 1103. 10                                  | or ividitiple C              | ompienons.                   | Attach wender                      | e diagram of proj                                    | posed completion                         |  |
| •   |  |                              |                              |                                    |  |  |  |
|   |  |                              |                              |                                    |  |  |  |
|   |  |                              |                              |                                    |  |  |  |
| COG Operating LLC respectfully requests permission to   |  |                              |                              |                                    |  |  |  |
|   | ne intermediate cas                                    |                              |                              |                                    |  |  |  |
|   |  |                              |                              |                                    |  | 1  |  |
| The other component   | s of the proposed o                                    | casing & c                   | ement pro                    | ogram would                        | d remain the   | same.                                    |  |
|   |  |                              |                              |                                    |  |  |  |
|   |  |                              |                              |                                    |  |  |  |
|   |  |                              |                              |                                    |  |  |  |
|   |  |                              |                              |                                    |  |  |  |
|   |  |                              |                              |                                    |  |  |  |
|   |  |                              |                              |                                    |  |  |  |
|   |  |                              |                              |                                    |  |  |  |
| I hereby certify that the information abgrade tank has been/will be constructed or cle  | oove is true and complete<br>osed according to NMOCD g | to the best ouidelines , a p | f my knowle<br>eneral permit | edge and belief.  or an (attached) | I further certify that<br>d) alternative OCD-        | at any pit or below-<br>approved plan □. |  |
| SIGNATURE Phylled   | l-Elword   |                              | gulatory Aı                  |                                    |  | <u>8-20-09</u>                           |  |
|   | ards E-mail address: p                                 | edwards@                     | conchores                    | ources.com                         | Telephone No.  | 432-685-4340                             |  |
| For State Use Only  |  | ا ا تام                      | ULEUM EI                     | NONDER                             | 1  | AUG 2 4 200                              |  |
| APPROVED BY:  | The T  | TTLE                         |                              | i a first a Établiq                | DATE r   | 100 E 1 E00                              |  |
| Candidana at Ammana 1 (c)   |  | -                            |                              |                                    |  |  |  |

Conditions of Approval (if and):