Submit 3 Copies To Appropriate Dis Office <u>District I</u>	Energy, Minerals and Natural Resources			Form C-103 June 19, 2008 WELL API NO.			
1625 N French Dr., Hobbs, NM 882 <u>District II</u> 1301 W Grand Avc., Artesia, NM 8	OH CONCEDUATION DIVIGION			30-025-28759			
District III 1220 South St. Francis Dr.				5 Indicate Type of Lease STATE FEE			
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> Santa Fe, NM 87505					oil & Gas Lease No		
1220 S St Francis Dr , Santa Fe, NM 87505							
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					7. Lease Name or Unit Agreement Name Monsanto 30 State		
PROPOSALS) 1. Type of Well Oil Well Gas Well Other					8. Well Number		
					1		
2 Name of Operator COG Operating LLC					Number 229137		
3. Address of Operator					name or Wildcat		
550 West Texas Avenue, Suite 1300, Midland, TX 79701					; Paddock 40660		
4. Well Location Unit Letter O	: 660 feet fr	om the Sou	the line and 10	190 foot fr	om the <u>East</u> li	ne	
Section 30	Town				om the <u>East</u> li NMPM County		
			, RKB, RT, GR, etc				
		3835' GR					
12. Ch	eck Appropriate Box	to Indicate N	iature of Notice	, Report or	Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					ALTERING	CASING [
TEMPORARILY ABANDON					S P AND A		
DOWNHOLE COMMINGLE			O/ (OIN G/CEWE)	• 1 30B			
OTHER			OTHER. D	UC/ D=-11-	-l.	∇	
OTHER. 13. Describe proposed or	completed operations. (C	Clearly state all		HC w/ Paddo nd give pertin		estimated date	
	sed work) SEE RULE 11						
7/23/1984 Perf Abo zone @ 8 7/27/1984 Perf Paddock zone 3/10/1985 Retrieve BP 3/12/1985 Hang on.							
	PERFS OIL R	ATE OIL%	GAS RATE GAS	% WTP P	ATE WTR%		
The intervals are as follows.			•	70 WIKIC	ATE WINZO		
Lovington, Paddock (40660) Lovington, Abo (40470)	6192' - 6308' 5 8625' - 8659' 3		3 59% 1 41%	4 6	44%		
	0023 - 0037	4170	1 41/0	U	56%		
	•						
	Duc - 420	-1					
I hereby certify that the inform	DHC-430	*	not of my knowled	20 0-d b -1:-f			
Thereby certify that the inform	ation above is true and co	impicte to the o	est of my knowleds	ge and benei.			
signature (JAUC)	m	TITLE <u>R</u> e	gulatory Analyst	DA	TE <u>7/30/10</u>		
Type or print name <u>Chasity</u> For State Use Only	Jackson E-ma	il address. <u>c</u>	jackson@conchore	sources.com	PHONE: <u>432-68</u>		
APPROVED BY: Conditions of Approval (if any		TITLE	tagleum engi	NEER	DATE_SEP	<u> </u>	