Submit 3 Copies To Appropriate District Office  State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	WELL API NO. May 27, 2004
District II 1301 W. Grand Ave., Artesia, NM 88 DEC 7 6 QUI CONSERVATION DIVISION	30-025-39516
District III 1000 Rio Brazos Rd., Aztec, NM 87410BBSOCT Santa Fe, NM 87505  District IV	5. Indicate Type of Lease STATE S FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	1
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
PROPOSALS.)	GOOD HANDS 15 STATE  8. Well Number  2
1. Type of Well: Oil Well Gas Well Other	,
2. Name of Operator  COG Operating LLC	9. OGRID Number <b>229137</b>
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701	10. Pool name or Wildcat TULK; ABO NORTH 60265
4. Well Location	/
Unit Letter I : 1980' feet from the South line and 430'	feet from the <u>East</u> line
Section 15 Township 14S Range 32E	NMPM County <b>Lea</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4322' GR	
Pit or Below-grade Tank Application □ or Closure □	
Pit typeDepth to GroundwaterDistance 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 ☐ PLUG AND ABANDON ☐ REMEDIAL WOR	
TEMPORARILY ABANDON	ILLING OPNS.⊠ PANDA □
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN	Т ЈОВ
OTHER: OTHER:	$\boxtimes$
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.	
11/29/10 Drill 24" hole from 64' to 66'.	
Accepted fo. Record Only	
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 TITLE Regulatory Anal	<u>yst</u> DATE12/11/10
Type or print name  Kanicia Carrillo E-mail address: kcastillo@conchoresources.com Telephone No. 432-685-4332	
For State Use Only	ineco
Accopted for Record Only TITLE	DATE DEC 1 7 2010
Conditions of Approval (if any):	

