NMOCD-rec'd	10/06/2020
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Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised July 18, 2013				
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO.   30-015-45891   5. Indicate Type of Lease   STATE □   FEE □   6. 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.)			7. Lease Name or Unit Agreement Name Way South ST Com				
1. Type of Well: Oil Well	Gas Well 🛛 Other			8. Well Number 710H			
2. Name of Operator COG Operating LLC				9. OGRID Number 229137			
3. Address of Operator				10. Pool name or Wildcat Purple Sage; Wolfcamp			
4. Well Location Unit Letter 2	: <u>792</u> feet from the	e South	line and 8	305 feet fro	om the	West line	
Section 31	Township 26S			NMPM	Eddy		
	11. Elevation (Show w	-	KB, RT, GR, etc.	)		2	
	Appropriate Box to Ind						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING   TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A   PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB COMMENCE DRILLING OPPS. P AND A   DOWNHOLE COMMINGLE OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: Multiple Completion Operations Multiple State all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion.   8/3/19 Released Rig.							
Spud Date: 6/10	Rig R	Release Date:		8/3/19			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE:_Amanda Aver	$\sim$ TIT	LE: Regi	latory Analyst		DATE:	3/23/2020	
						: (575) 748-6962	
For State Use Only		-					
APPROVED BY: Conditions of Approval (if any):	TIT	LE	Staff Manal	jer	DATE	10/9/2020	