NM OIL CONSERVATION

APPROVED BY: Conditions of Approval (if any):

NM OIL CONSTRICT		!,
NM OIL DISTRICT Submit 1 Copy To Aphropriate District Office UNI 0 8 2014	State of New Mexico	Form C-103
Office District I - (575) 393-6 JUL 0 8 2014 1625 N. French Dr. Hobbs NM 88240	Energy, Minerals and Natural Resources	Revised August 1, 2011
1023 14. French Dr., 110008, 14W 86240		WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NREGEIVED	OIL CONSERVATION DIVISION	30-015-41779
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 0, 1111 07303	6. State Off & Gas Lease No.
87505		
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TION FOR PERMIT" (FORM C-101) FOR SUCH	SRO State Com
PROPOSALS.)	The real section (realist entry real section)	
1. Type of Well: Oil Well G	as Well Other	8. Well Number
2.26		48H
2. Name of Operator COG Operating LLC		9. OGRID Number 229137
3. Address of Operator		10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM	1 88210	Hay Hollow; Bone Spring
4. Well Location		
	_190 feet from theNorth line and	2080 feet from the _ East _ line
Section 7	Township 26S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR, of	
	3065' GR	21C.)
12. Check Ap	propriate Box to Indicate Nature of Notic	e. Report or Other Data
		e, report of other 2 and
NOTICE OF INT		JBSEQUENT REPORT OF:
	PLUG AND ABANDON 🔲 📗 REMEDIAL W	
<u>==</u>	<u> </u>	DRILLING OPNS. P AND A
	MULTIPLE COMPL CASING/CEM	ENT JOB L
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	Drill Out Frac Plugs & Set Tbg
		and give pertinent dates, including estimated date
). SEE RULE 19.15.7.14 NMAC. For Multiple	
proposed completion or recon	ipletion.	
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6/24/14 to 6/28/14 Drill out all frac pla	ugs.	
•	,	
//1/14 to //2/14 Set 2 //8 6.5# L-80 t	bg @ 8051' & pkr @ 7405'. Installed gas lift sy:	stem.
	·	
		•
Spud Date: 1/24/14	Rig Release Date:	2/24/14
I haraby cartify that the information of	ove is true and complete to the best of my knowle	adge and holief
Thereby certify that the information ab	ove is true and complete to the best of my knowle	euge and benef.
GIGNATURE -	(mrm r	
SIGNATURE DES	TITLE: Regulatory Analy	<u>DATE: 7/7/14</u>
Type or print name: Stormi Davis	E-mail address: sdavis@cor	ncho.com PHONE: (575) 748-6946
For State Use Only		
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