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Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103 Revised August 1, 2011
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	rench Dr., Hobbs, NM 88240		WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type	-015-42332 of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE	🛛 FEE 🗌 🔤
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Ga	
(DO NOT USE THIS FORM FOR PROPO	SUNDRY NOTICES AND REPORTS ON WELLS THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			r Unit Agreement Name Cracker 16 State
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number	
2. Name of Operator			9. OGRID Numb	7H Der
COG Operating LLC				229137
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210			10. Pool name or Hay Hol	Wildcat low; Bone Spring
4. Well Location				
Unit Lètter <u>B</u>	190 feet from the <u>N</u>	orth line and	1370 feet from	m the <u>East</u> line
Section 16		Range 28E	NMPM	Eddy County
	11. Elevation (Show whether DI 3047	R, <i>RKB, RT, GR, etc</i> ^{1°} GR	.)	
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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			rk 🗌	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DF				P AND A
OTHER:	·····		Drill out frac plugs	
	pleted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA completion.			
11/20/14 to 11/21/14 Drilled out al	I CFP's & cleaned down to CBP @	2 13680'.		L CONSERVATION RTESIA DISTRICT
11/22/14 Set 2 7/8" 6.5# L-80 tbg	@ 9342' & pkr @ 8610'.		[DEC 08 2014
				RECEIVED
Spud Date: 5/30/14	4, Rig Release D	Date:	6/24/14	
I hereby certify that the information	above is true and complete to the l	best of my knowled	ge and belief.	
SIGNATURE	TITLE:	Regulatory Analyst	I	DATE: <u>12/4/14</u>
Type or print name:Stormi Da	vis E-mail addre	ss: <u>sdavis@concl</u>	no.com F	PHONE: (575) 748-6946
For State Use Only	Λ			· .
APPROVED BY: Conditions of Approval (if any):	TITLE DIS	TSupern?	DA DA	TE DIW DOM