

Submit 1 Copy To Appropriate District Office
District I (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II (575) 748-1283
811 S. First St., Artesia, NM 88210
District III (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

NM OIL CONSERVATION
State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED
JUL 11 2017

Form C-103
Revised July 18, 2013

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-43670
2. Name of Operator COG Operating LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>P</u> : <u>5</u> feet from the <u>South</u> line and <u>1090</u> feet from the <u>East</u> line Section <u>36</u> Township <u>22S</u> Range <u>31E</u> NMPM <u>Eddy</u> County		7. Lease Name or Unit Agreement Name Bultaco State
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3479' GR		8. Well Number 3H
		9. OGRID Number 229137
		10. Pool name or Wildcat Livingston Ridge; Bone Spring

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/13/16 Set surface casing. TOC @ surface. Pressure test csg to 1500# for 30 mins. Good test.

10/16/16 Set intermediate casing. TOC @ surface. Pressure test csg to 1500# for 30 mins. Good test.

10/27/16 Set production casing. TOC @ surface. Pressure test csg to 2500# for 30 mins. Good test.

4/13/17 Load & test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Set CBP @ 15185'. Test csg to 8469'. Good test.

Spud Date:

10/12/16

Rig Release Date:

10/29/16

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Stormi Davis

TITLE: Regulatory Analyst

DATE: 7/11/17

Type or print name: Stormi Davis

E-mail address: sdavis@concho.com

PHONE: (575) 748-6946

For State Use Only

APPROVED BY:

Staff Mgr

TITLE: Staff Mgr

DATE: 7-11-17

Conditions of Approval (if any):