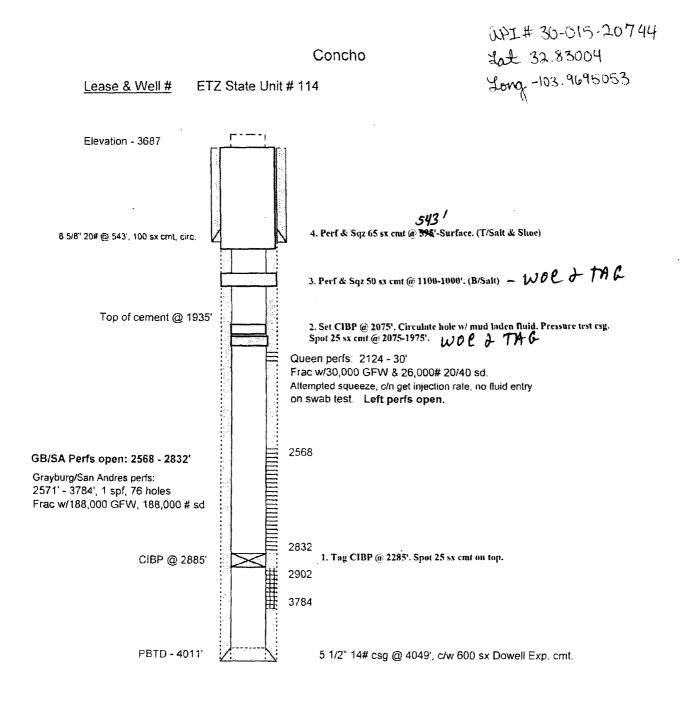
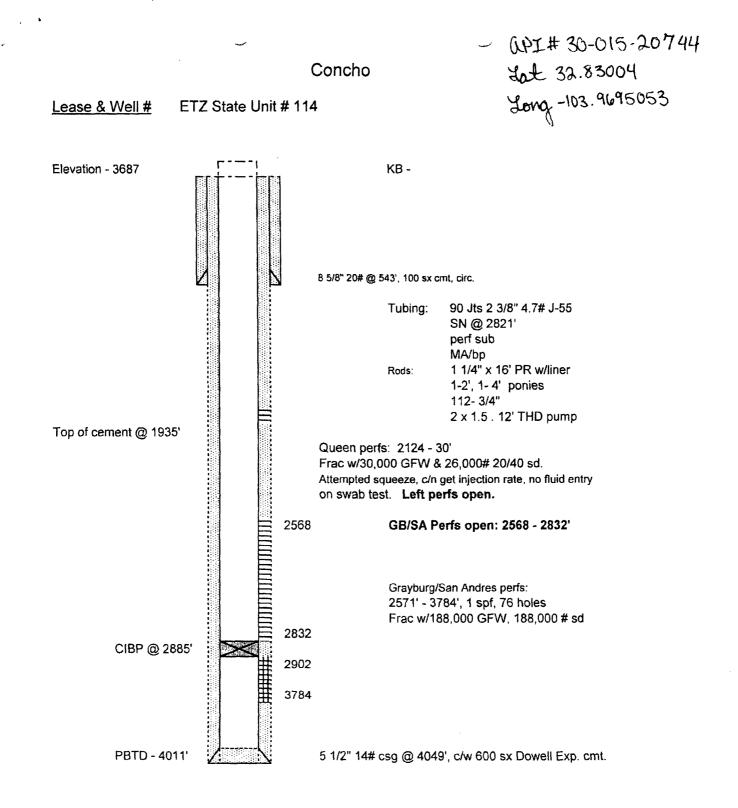
BI SUNDRY Do not use thi	UNITED STATES PARTMENT OF THE II JREAU OF LAND MANA NOTICES AND REPO s form for proposals to I. Use form 3160-3 (API	NTERIOR GEMENT RTS ON WELLS drill or to re-enter	ID Artesia an als.	5(OMB NO Expires: Jar		f:le nerel
SUBMIT IN 1	RIPLICATE - Other inst	ructions on page	2	7.	If Unit or CA/Agreet NMNM82041X	ment, Name and/o	r No.
1. Type of Well				8.	Well Name and No. ETZ STATE UNIT	114	
Oil Well Gas Well Oth Oth COG OPERATING LLC	Contact:		о С	9.	API Well No. 30-015-20744-00		<u></u>
COG OPERATING LLC E-Mail: kcastillo@concho.com 3a. Address 3b. Phone No. (include area code) 600 W ILLINOIS AVENUE Ph: 432-685-4332			1(10. Field and Pool or Exploratory Area GRAYBURG			
MIDLAND, TX 79701							
4. Location of Well <i>(Footage, Sec., T</i> Sec 16 T17S R30E SESE Tra)		1	L. County or Parish, S EDDY COUNTY		
12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICATE NA	ATURE OI	F NOTICE, RI	EPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION			TYPE OF	FACTION			
Notice of Intent	🗖 Acidize	🗖 Deepen		Production	(Start/Resume)	U Water Shut	-Off
_	Alter Casing	🗖 Hydraulie	Fracturing	🗖 Reclamatio	n	🗖 Well Integr	ity
Subsequent Report	Casing Repair	—		Recomplet		Other	
□ Final Abandonment Notice □ Change Plans □ Convert to Injection				☐ Temporari ☐ Water Dis			
testing has been completed. Final At determined that the site is ready for fi Please see attached NOI/Sub	inal inspection.			y the OCD.	ave been completed a		3
		,		- e - C - C - C - C - C - C - C - C - C	ARTESIA DISTRI	(776324(3)))) CT	
Acc	epied for record - NM	DCD			FEB 15 200 Received	Ċ	
14. I hereby certify that the foregoing is	Electronic Submission #	PERATING LLC, se	nt to the Ca	arisbad			
Name (Printed/Typed) KANICIA	CASTILLO	Title PREPARER					
Signature (Electronic S	Submission)	Date	01/24/20	018			
Accepted for Revor	THIS SPACE FO	OR FEDERAL OF	STATE	OFFICE USE			
Approved By _ Lames	a. amo	Title	Sug	w. AFT	7	Z-8 Date	-18
Conditions of approval, it any, are attache certify that the applicant holds legal or equ which would entitle the applicant to condu	itable title to those rights in the	not warrant or subject lease Offic	e Ga	Isbad			
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crime for any person kr to any matter within its	owingly and jurisdiction.	willfully to make	to any department or	agency of the Unit	ed
(Instructions on page 2) ** BLM REV	ISED ** BLM REVISEI	D ** BLM REVISE	D ** BLN	I REVISED *	* BLM REVISE) **	

Submit I Copy To Appropriate District	State of New Me			rm C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, 1992-240 District II – (575) 748 15 – 01 811 S. First St. 1994-247 District III – (575) 748-3178	Energy, Minerals and Natural Resources		/ELL API NO.	ber 13, 2009
<u>District II</u> - (575) /48 - 10 - 21 - 21 - 21 - 21 - 21 - 21 - 21	OIL CONSERVATION	DIVISION	0-015-20744 Indicate Type of Lease	<u></u>
District 144 (205) 27459178 1000 Rio Brazos Rd., Aztec 141 87410	1220 South St. Fran	ncis Dr.		
District IV – (505) 476 460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87	-	State Oil & Gas Lease No. -9360	
87505 SUPPAT NOTIO (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC		UG BACK TO A	. Lease Name or Unit Agreeme TZ State Unit	ent Name
PROPOSALS.)	Gas Well 🔲 Other		. Well Number 114	
2. Name of Operator	a na ang ng n		. OGRID Number	
COG Operating, LLC 3. Address of Operator			29137 0. Pool name or Wildcat	
600 W. Illinois Ave., Midland, TX	79701		GRBG-Jackson, SR-Q-GRGB	-SA
4. Well Location				
Unit Letter _P:_	990 feet from theS	line and <u>330</u>	feet from the <u>E</u>	line
Section 16		ge 30E NM	PM County Edd	y
	11. Elevation (Show whether DR 3679 GR	, RKB, RT, GR, etc.)		
		T		
12. Check A	ppropriate Box to Indicate N		•	
NOTICE OF IN		3	EQUENT REPORT OF:	
	PLUG AND ABANDON	REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL		
		CASING/CEMENT J	OB 🗌	
DOWNHOLE COMMINGLE				
OTHER:	etcd operations. (Clearly state all	OTHER:		
3. Perf & Sqz 50 sx cmt @ 4. Perf & Sqz 65 sx cmt @	t 25 sx cmt on top. ulate hole w/ mud laden fluid. Py 1100-1000'. (B/Salt) — WU 595'-Surface. (T/Salt & Shoe)	- 543'	25 sx cmt @ 2075-1975'. — [wued
5. Cut off well head, verify	cmt to surface, weld on dry hol	e marker.	Aproved in Public of wellbore of the providence	mly receipt
			Antonia and a service and a se	ndink under
			August a strains of	eb Page
			Approved or provide the transformer of the transformer of the provide the transformer of	US OCC
	······································		1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5.1.5	-
Spud Date:	Rig Release	Date:	Li C. IV. Bar	
WELL MUST BE	PLUGGED BY 31	holania	AND FORMER	
I hereby certify that the information a		est of my knowledge	<u>V</u>	
i norooy contry and the information of	sore is the and complete to the t	car of my knowledge a		
SIGNATURE LUGAL O. M.	ntaomovistitle No	ont	DATE 317-	-17
C	abbu	m@bcmandass	aciates.com	
Type or print name <u>Abraal M</u> For State Use Only	ontgornery_ E-mail addres	\$:	PHONE: <u>432</u>	<u>580-'</u>
APPROVED BY: Jalent	. // //		N N N	
	Deyrel TITLE COM	PLANCE OF	FICER DATE 3/20	0/201
Conditions of Approval (if any):	Byrd TITLE COM	PLANOE OF	FICER DATE 3/20	0/201
Conditions of Approval (if any):	Leyne TITLE COM		FICER DATE 3/20	

# SEE	ATTACHES	COA-5	
-------	----------	-------	--





Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103			
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.			
District 11 - (575) 748-1283	OIL CONSERVATION DIVISION	30-015-20744			
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE S FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505		B-9360			
SUNDRY NO (DO NOT USE THIS FORM FOR PROP	TICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name ETZ State Unit			
1. Type of Well: Oil Well	Gas Well 🔲 Other	8. Well Number 114			
2. Name of Operator COG Operating, LLC		9. OGRID Number 229137			
3. Address of Operator		10. Pool name or Wildcat			
600 W. Illinois Ave., Midland,	TX 79701	GRBG-Jackson, SR-Q-GRGB-SA			
4. Well Location					
Unit Letter P	: <u>990</u> feet from the <u>S</u> line and				
Section 16	Township17SRange30E11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Eddy			
	3679 GR				
12. Check	Appropriate Box to Indicate Nature of Notic	e, Report or Other Data			
NOTICE OF	INTENTION TO: SU	BSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK					
	CHANGE PLANS COMMENCE D MULTIPLE COMPL CASING/CEME CASING/CEME				
OTHER:	npleted operations. (Clearly state all pertinent details,	and give pertipent dates, including estimated date			
of starting any proposed	work). SEE RULE 19.15.7.14 NMAC. For Multiple C	Completions: Attach wellbore diagram of			
proposed completion or r					
07/06/17 MIRU Pluggi stands 2 3/8 thg. Set 5 1	ng Equipment. POH w/ 151 3/4" rods. Dug out cella /2" CIBP @ 2285'. Spotted 25 sx class C cmt @ 228	r, ND well head, NU BOP. POH w/ 36 5-2056'. WOC. 07/07/17 Tagged plug @			
stands 2 3/8 tbg. Set 5 1/2" CIBP @ 2285'. Spotted 25 sx class C cmt @ 2285-2056'. WOC. 07/07/17 Tagged plug @ 1930. Circulated hole w/ mud laden fluid. Perf'd csg @ 1100' (per Bob Byrd w/ OCD's request). Sqz'd 50 sx cmt w/ 2%					
	000'. WOC. Tagged plug at 900'. Perf'd csg @ 543' C cmt & 543' & circulated to surface. Rigged down				
	llar. Cut off well head. Welded on "Above Ground l				
deadmen. Cleaned loca					
		only, sector			
	Approved for plugging of set Approved for plugging of set under hond is retained in the set tubility under hond is retained at ret	ined pending to the MM OIL CONSERVATION			
	Approved for plotting hond is reading	ARTESIA DISTRICT			
	Rig Release Dates www.contd.sure Formation www.contd.sure Formation www.contd.sure Formation www.contd.sure	JUL 19 2017			
Spud Date:	Rig Release Date a with the month of the second sec				
	For	RECEIVED			
I hereby certify that the information	on above is true and complete to the best of my knowle	dge and belief.			
SIGNATURE	TITLE Lead Regulator	y Analyst DATE 7/14/17			
Type or print name / anilia		OCONCHICOMPHONE: 432-685-4332			
Type or print name Kanulua For State Use Only	- mail address: <u>N. USTILIO</u>	SMICHONALIONE: JJC-(183-403)			
APPROVED BY:	1 Kall TITLE Arma Dissail	OFFICER DATE 7/20/2017			
Conditions of Approval (if any):	MILE CUM J'LIMME'	UNI CLA DATE /1-0/401/			

.