

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

RECEIVED State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

AUG 06 2018 CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
DISTRICT II-ARTESIA O.C.D.

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.)		WELL API NO. <b>30-015-20382</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>COG Operating, LLC</b>		6. State Oil & Gas Lease No. <b>B-1483</b>
3. Address of Operator <b>600 W. Illinois Ave, Midland, TX 79701</b>		7. Lease Name or Unit Agreement Name <b>ETZ State Unit</b>
4. Well Location Unit Letter <b>J</b> : <b>1650</b> feet from the <b>S</b> line and <b>1650</b> feet from the <b>E</b> line Section <b>16</b> Township <b>17S</b> Range <b>30E</b> NMPM County <b>Eddy</b>		8. Well Number <b>112</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3676' GR</b>		9. OGRID Number <b>229137</b>
		10. Pool name or Wildcat <b>GRBG-Jackson, SR-Q-GRBG-SA</b>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☒  
CASING/CEMENT JOB ☐  
OTHER: ☐

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.

07/12/18 MIRU Plugging equipment. POH w/ 153 rods & pump. Dug out cellar. Repaired well head. 07/13/18 ND well head, NU BOP. POH w/ 123 jts of tbg. Set 4 1/2" CIBP @ 2500'. Circulated hole w/ MLF. Pressure tested csg, held 500 psi. Spotted 35 sx class C cmt @ 2500-1971'. WOC. 07/16/18 Tagged plug @ 2053'. Perf'd 4 1/2" csg @ 1100'. Sqz'd 30 sx class C cmt w/ 2% CACL @ 1100-930'. WOC. Tagged plug @ 920'. Perf'd csg @ 623'. Established injection rate, pump'd 20 bbls fresh H2O, would not circulate. Sqz'd 25 sx class C cmt @ 623-480'. WOC. 07/17/18 Tagged plug @ 100'. Perf'd csg @ 100'. Sqz'd 25 sx class C cmt w/ 2% CACL @ 100-60'. WOC. Tagged plug @ 60'. Perf'd csg @ 60'. ND BOP. Sqz'd 28 sx class C cmt @ 60'-surface. Verified cmt to surface, rigged down, & moved off. 07/19/18 Moved in backhoe and welder. Dug out cellar. Cut off well head. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, moved off.

Spud Date:

Rig Release Date:

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

SIGNATURE

*KC*

TITLE

*Regulatory Advisor*

DATE

*8/1/18*

Type or print name

*Kenicia Castillo*

E-mail address:

*Kcastillo@concho.com*

PHONE:

*432-6854332*

For State Use Only

APPROVED BY:

*[Signature]*

TITLE

*Staff Mgr*

DATE

*8-6-18*

Conditions of Approval (if any):