Office Office	State of New Mexico	Form C-103
Office District I RECENSED Ene	ergy, Minerals and Natural Resource	ces Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
	1 CONCEDIVATION DIVISIO	30-015-24183
District II 811 S. First St., Artesia, NM 882 OG 6 5 2019 District III	L CONSERVATION DIVISIO	5. Indicate Type of Lease
1000 Rio Brazos Rd Aztec NM 87410	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., DISTRICMI-ARTESIAO. 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., DIRIEM AHIESING.	, ee-c	B-2071
87505	;	. B-2071
SUNDRY NOTICES ANI		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO D	RILL OR TO DEEPEN OR PLUG BACK TO	A NG Phillips State
DIFFERENT RESERVOIR. USE "APPLICATION FO	R PERMIT" (FORM C-101) FOR SUCH	8. Well Number
PROPOSALS.)	. 🗆	•
1. Type of Well: Oil Well Gas Wel		30
2. Name of Operator	N	9. OGRID Number
COG Operating LLC		229137
3. Address of Operator		10. Pool name or Wildcat
2208 W Main Artesia NM 88210	•	Artesia; Queen-GRBG-San Andres
4. Well Location		
	37 11 12 12 12 1	
	e North line and 2244 feet from the Y	<u>West_line</u>
Section <u>27</u> Township <u>17S</u> Ran	ge 28E NMPM Eddy County	
11. Elev	vation (Show whether DR, RKB, RT; (GR. etc.)
	3622' GR	
12. Check Appropriate Box to Indicate		ther Data
12. Check Appropriate Box to mateau	s mature of motice, Report of O	tilei Data
NOTICE OF INTENTION	ON TO:	SUBSEQUENT REPORT OF:
	AND ABANDON REMEDIA	
•		<u> </u>
	l l	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIF	PLE COMPL	CEMENT JOB
OTHER.		
OTHER:	<u> </u> <u> </u> Locati	on is ready for OCD inspection after P&A
All pits have been remediated in complian	nce with OCD rules and the terms of t	he Operator's pit permit and closure plan.
Rat hole and cellar have been filled and le	eveled. Cathodic protection holes have	e been properly abandoned.
A steel marker at least 4" in diameter and	at least 4' above ground level has been	en set in concrete. It shows the
·		
OPERATOR NAME, LEASE NAM	<u>ie, well number, api numb</u>	ER, QUARTER/QUARTER LOCATION OR
UNIT LETTER, SECTION, TOWN	<u>NSHIP, AND RANGE. All INFOR</u>	MATION HAS BEEN WELDED OR
PERMANENTLY STAMPED ON	THE MARKER'S SURFACE.	
	•	
	s possible to original ground contour a	and has been cleared of all junk, trash, flow lines and
other production equipment. Q	planta / alt	0
Anchors, dead men, tie downs and risers	have been cut off at least two feet belo	ow ground level
other production equipment. But a Plant Line West Removed Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with		
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed		
from lease and well location		s, production equipment and junk have been removed
All metal holts and other materials have he	CocaTion to ASTure	en removed. (Poured onsite concrete bases do not have
to be removed.)	en removed. Fortable bases have bee	en removed. (Poured onsite concrete bases do not have
<u> </u>	11 1 00D 1	
All other environmental concerns have be		NB () Q () () () () () () () () (
	oned in accordance with 19.15.35.10	NMAC. All fluids have been removed from non-
retrieved flow lines and pipelines.		
		oles and lines have been removed from lease and well
location, except for utility's distribution infras	ructure.	
•		·
When all work has been completed, return this	form to the appropriate District office	e to schedule an inspection.
SIGNATURE	TITLE Regulatory Tec	chnician DATE 8/1/2019
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TYPE OR PRINT NAME Delilah Flores	E-MAIL: dflores2@cond	<u>cho.com</u> PHONE: 575-748-6946
For State Use Only		
For State Use Only	u uei	
APPROVED BY:	TITLE	DATE 8/6/19
Conditions of Approval (if any):		
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