Submit One Copy To Appropriate Di	istrict Sta	te of New Me	xico	Form C-103
District I	State of New Mexico Strict I 25 N. French Dr., Hobbs, NM 88240 Strict II			Revised November 3, 2011
District II 811 S. First St., Artesia, NM 88240 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV District IV District IV District IV District IV Representation of the process of the				WELL API NO.
811 S. First St., Artesia, NM 88210 CONSERVATION DIVISION			DIVISION	30-015-21527 5. Indicate Type of Lease
District III 1220 South St. Francis Dr.			icis Dr.	STATE STATE FEE
District IV Santa Fe, NM 87410			' 505	6. State Oil & Gas Lease No.
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS				B-4575
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name
(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				State
PROPOSALS.)				8. Well Number
1. Type of Well: Soil Well Gas Well Other				4
2. Name of Operator COG Operating LLC				9. OGRID Number 229137
3. Address of Operator				10. Pool name or Wildcat
2208 W Main Artesia NM 883	210	•		E. Empire Yates SR
4. Well Location	7			•
Unit Letter P 990 feet from the South line and 990 feet from the East line				
Section 28 Township 17S Range 28E NMPM Eddy County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3680' GR				
12. Check Appropriate Be	ox to Indicate Nature	of Notice, Re	eport or Other Da	ıta
NOTICE O	F INTENTION TO:		SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
<u> </u>			COMMENCE DRIL	
PULL OR ALTER CASING	☐ MULTIPLE COMI	PL 🗌	CASING/CEMENT	JOB
OTUED.				
OTHER: All pits have been remedia	atad in agmuliance with ()CD ==1== == 1 4h	Location is rea	ady for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
TERMANENTET STAMTED ON THE MARKER S SURFACE.				
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and				
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.				
from lease and well location. Bure Lines Not Remarks and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.) Trush on location + In Posture Not Removed				
to be removed.) Tusk on Location + In Pasture Not Removed All other environmental concerns have been addressed as per OCD rules.				
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines. Power Poles Janes Wot Nemore 1 If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well				
If this is a one-well lease of	or last remaining well on	lease: all electric	cal service poles and	lines have been removed from lease and well
location, except for utility's dis	tribution infrastructure.			
When all work has been comple	eted return this form to t	he annronriate Γ	list r ict office to sche	dule an inspection
When an work has seen compr		ne appropriate E	istrict office to sene	dute an inspection.
SIGNATURE SIGNATURE	<u> </u>	TITLE Re	gulatory Technician	DATE 8/9/2019
TYPE OR PRINT NAME Deli	lah Flores	E MAII. 40.	oras 2@ooraha as	DHONE: 575 749 4044
For State Use Only	1an 1 10108	E-MAIL: <u>all</u>	ores2@concho.com	PHONE: 575-748-6946
<u></u>	RESHER		DENIE	GC 1/
APPROVED BY:	DENIED	TITLE	e e e e e e e e e e e e e e e e e e e	DATE 8/13/19
Conditions of Approval (if any)):			