Submit One Copy To Appropr	iate District	State of New Me	xico	Form C-103
Office District I	riate District OIL CONSERVATO	y, Minerals and Natur	ral Resources	Revised November 3, 2011
1625 N. French Dr., Hobbs, N District II				WELL API NO.
811 S. First St., Artesia, NM 882100 CT 24 2009 L CONSERVATION DIVISION			DIVISION	30-015-23717 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.			cis Dr.	STATE STEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 87505				6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa 87505	Fe, NM			B-2071
	DRY NOTICES AND R	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				NG Phillips Sate
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				8. Well Number
1. Type of Well: ⊠Oil Well ☐ Gas Well ☐ Other				26
2. Name of Operator				9. OGRID Number
COG Operating LLC 3. Address of Operator				229137
2208 W Main Artesia N	M 88210			10. Pool name or Wildcat East Empire Yates SR
4. Well Location				Last Empire Tates SK
	265 for at form on the Nicotal	11 1 070 C4 C	41 - E4-1'	
	265 feet from the North			
	Township 17S Range			Page 100 at 100
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3631' GR				
12. Check Appropria	te Box to Indicate N		eport or Other Da	ata
			•	
ı	E OF INTENTION			SEQUENT REPORT OF:
PERFORM REMEDIAL		D ABANDON	REMEDIAL WORK	
TEMPORARILY ABAND PULL OR ALTER CASIN			COMMENCE DRIL CASING/CEMENT	<u> </u>
FULL OR ALTER CASIN	IG [] WIOLIIFLE	COMPL	CASING/CEMENT	JOB
OTHER:				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				
A steel marker at least	st 4" in diameter and at	least 4' above ground le	evel 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.				
⊠ The fearth of the fear	. 1 1. 1 1	71.	1 . 11 1	
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production againment.				
other production equipment. This is a location on location of the Pasture 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. All motel holts and other meterials have been removed. Bortable bases have been removed. (Bourse density apparets bases do not be seen to b				
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be 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.				
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 location, except for utility's distribution infrastructure.				
location, except for utility	's distribution infrastru	cture.		
When all work has been c	completed, return this fo	orm to the appropriate D	strict office to sche	dule an inspection
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
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SIGNATURE TITLE Regulatory Technician DATE 10/22/2019				
TYPE OR PRINT NAME	Delilah Flores	Delilah Flores E-MAIL: <u>dflores2@concho.com</u> PHONE: 575-748-6946		
For State Use Only		E III II E. uii		
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APPROVED BY:		TITLE	ලෙද ලක අ. අ. අ. කුක් දුන්	DATE 10/28/19
Conditions of Approval (i	t any):			' /