Submit One Copy To Appropriate District	Form C-103
Submit One Copy To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 8824RTESIA DISTRICT, Minerals and Natural Resource District II	esRevised November 3, 2011
1625 N. French Dr., Hobbs, NM 8824RTESIA DISTRICT.	WELL API NO.
811 S. First St., Artesia, NM 88210 OCI 300412 CONSERVATION DIVISION	30-015-20744 5. Indicate Type of Lease
District III 1220 South St. Francis Dr.	STATE 🛛 FEE 🗌
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	B-9360
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	ETZ State Unit 8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 114
2. Name of Operator	9. OGRID Number
COG Operating LLC	229137
3. Address of Operator 2208 W Main Artesia NM 88210	10. Pool name or Wildcat
4. Well Location	GRBG-Jackson, SR-Q-GRBG-SA
Unit Letter <u>P</u> : <u>990</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line	
Section <u>16</u> Township <u>17S</u> Range <u>30E</u> NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3679' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
OTHER:	
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 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 DEDMANENTLY STAMPED ON THE MADVED'S SUDEACE	
PERMANENTLY STAMPED 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	
other production equipment. The share been cut off at least two feet below ground level.	
 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 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.	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
PLEASE SEE ATTACHED	
SIGNATURE TITLE Regulatory Tech	DATE 10/28/19
	Dittl 10/20/17
TYPE OR PRINT NAME Delilah Flores E-MAIL: <u>dflores2@con</u>	ncho.com PHONE: 575-748-6946
For State Use Only	GC ()
APPROVED BY: TITLE TITLETTRE TITLE TTRE TITLE TTRE TTRE TTRE TTRE TTRE TTRE TTRE T	DATE 11/12/19
Conditions of Approval (if any):	

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