

RECEIVED

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

NOV 19 2019

State of New Mexico
 Energy, Minerals and Natural Resources
 DISTRICT IV - ARTESIA OGD
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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. 30-015-45532
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name SRO 5 State Com
4. Well Location Unit Letter <u>A</u> : <u>314</u> feet from the <u>North</u> line and <u>925</u> feet from the <u>East</u> line Section <u>5</u> Township <u>26S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number 505H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3008' GR		9. OGRID Number 229137
		10. Pool name or Wildcat Delaware River; Bone Spring

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion Operations <input checked="" type="checkbox"/>	

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.

7/10/19 Test annulus to 1500# for 30 mins. Good test. Set CBP @ 18,052'. Test to 8,540#. Good Test. Perf 18,027-18,037'. Injection Test.

8/7/19 to 8/18/19 Perf 8,155 – 17,950' (960). Acdz w/ 118,902 gal 7-1/2%; frac w/ 20,093,420 #sand & 16,427,796 gal fluid.

9/28/19 to 9/30/19 Drill out CFP's. Clean down to CBL @ 18,024'.

10/1/19 to 10/2/19 Set 2 7/8" 6.5# L-80 tbg @ 7,428' & pkr @ 7,418'. Installed gas lift system.

10/16/19 Began flowback & testing. Date of first production.

Spud Date:

2/17/19

Rig Release Date:

6/1/19

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

SIGNATURE Amanda Avery TITLE: Regulatory Analyst DATE: 11/4/19
 Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY: [Signature] TITLE: State Analyst DATE: 11/20/19
 Conditions of Approval (if any):