| Submit I Copy To Appropriate District Office | State of New Mexico | | Form C-103 | |
|--|--|-----------------|--|--|
| District I - (575) 393-6161 | ergy, Minerals and Natural Reso | urces . | Revised July 18, 2013 | |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 FFD 9 4 913 644 CONSERDANA (TYON) 574 (1986) | | | WELL API NO. 30-015-45968 | |
| 811 S. First St., Artesia, NM 8821 CD 2 1 29 OIL CONSERVATION DIVISION District III = (505) 334-6178 | | 10N 5. | Indicate Type of Lease | |
| District III - (505) 334-6178 1000 Rio Brazos Rd Azes CO ARTES anta Fe, NM 87505 | | | STATE X FEE | |
| 1220 S. St. Francis Dr., Santa Fe, NM | 123 Guilla 1 C, 14141 0 7 3 0 3 | 6. | State Oil & Gas Lease No. | |
| 87505 SUNDRY NOTICES ANI |) 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 | | TO A | Lease Name of Omt Agreement Name | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | MYOX 28 STATE COM | |
| 1. Type of Well: Oil Well Gas Well X Other | | | 8. Well Number 701H | |
| 2. Name of Operator COG OPERATING, LLC | | 9. | 9. OGRID Number 229137 | |
| 3. Address of Operator | | 10 | 10. Pool name or Wildcat | |
| 600 W. ILLINOIS AVE., MIDLAN | √D, TX 79701 | | PURPLE SAGE; WOLFCAMP (GAS) | |
| 4. Well Location | 7 | | | |
| Unit Letter A : 245 | | e and1215 | feet from the EAST line | |
| Section 28 | Township 25S Range 28 vation (Show whether DR, RKB, RT | | MPM County EDDY | |
| Ti. Lie | 2958 GR | , ON, etc.) | | |
| | | | | |
| 12. Check Appropri | ate Box to Indicate Nature of | Notice, Rep | ort or Other Data | |
| NOTICE OF INTENTION | ON TO: | SUBSE | QUENT REPORT OF: | |
| PERFORM REMEDIAL WORK PLUG | AND ABANDON 🔲 📗 REMED | ÍAL WORK | ☐ ALTERING CASING ☐ | |
| | | ENCE DRILLIN | | |
| PULL OR ALTER CASING MULTIF | PLE COMPL CASING | 3/CEWENT ÌÓ | B | |
| CLOSED-LOOP SYSTEM | _ | | | |
| OTHER: | OTHER | details and aiv | re pertinent dates, including estimated date | |
| of starting any proposed work). SEE | RULE 19.15.7.14 NMAC. For Mr | ultiple Comple | tions: Attach wellbore diagram of | |
| proposed completion or recompletion | | | | |
| 2/11/20 TD 6 -3/4" LATERAL HOLE @ | 🗓 18659'. SET 5-1/2" 20# P-110¢Y | T-TLW CSG @ |) 19571'. CMT W/ 625 SX LEAD. TAIL IN | |
| W/1025 SX. DID NOT CIRC CMT BU' | Γ HAD FULL RETURNS THROU | GHOUT CMT | JOB. | |
| 2/15/20 RELEASE RIG. | | нчы | 11 77 | |
| CAsiny S | Set deeper than D | rilled M | 'e /e _ ` | |
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| | | | | |
| | | | | |
| • | | | | |
| 6 18 11/20/10 | | | | |
| Spud Date: 11/22/19 | Rig Release Date: | | | |
| | | | | |
| I hereby certify that the information above is t | rue and complete to the best of my | knowledge and | d belief. | |
| | | | | |
| SIGNATURE CON CONTRACTOR | TITLE REGULATOR | Y ANALYST | DATE 2/17/20 | |
| The Court of the C | | | DATE 2/17/20 | |
| Type or print name BOBBHE J GOODLOE | | - | om PHONE: 575-748-6952 | |
| For State Use Only | | ะถ | GC , , | |
| APPROVED BY: | TITLE DEN | 160 | DATE 2/24/23 | |
| Conditions of Approval (if any): | N m | | ′ ′ | |
| | | | | |
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