

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-27377	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-9563	
7. Lease Name or Unit Agreement Name GJ West Coop Unit	
8. Well Number 107	
9. OGRID Number 229137	
10. Pool name or Wildcat Grayburg Jackson ; 7RVS-QN-G-SA/Empire ;Yeso,East	
330 feet from the West line NMPM County Eddy	
distance from nearest surface water Construction Material	

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
COG Operating LLC

3. Address of Operator
550 W. Texas, Suite 1300 Midland, TX 79701

4. Well Location

Unit Letter L 1650 feet from the South line and 330 feet from the West line

Section 21 Township 17S Range 29E NMPM County Eddy

I 1. Elevation (Show whether DR, RKB, RT, GR, etc.)
3604' GR

Pit or Below-grade Tank Application	or Closure
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Pit type _____ Depth Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil **Below-Grade Tank: Volume** _____ bbls; **Construction Material** _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	MULTIPLE COMPL	<input type="checkbox"/>

OTHER: Set RBP & produce from Yeso

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: _____

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

COG Operating LLC plans to set RBP @ 4350' & produce well from Yeso pool. Blinebry perfs will be left SI.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☒ a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Sherryla Colwell TITLE Regulatory Analyst DATE 10/31/06

Type or print name Phyllis A. Edwards E-mail address: pedwards@conchoresources.com Telephone No. (432) 685-4340
For State Use Only Phyllis A. Edwards

APPROVED BY: Michael H. Soper TITLE: _____ DATE: 12/5/06
Conditions of Approval (if any): _____