

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011
Permit 238490

WELL API NUMBER
30-015-41745

5. Indicate Type of Lease
S

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
MYOX 21 STATE COM

1. Type of Well:
O

8. Well Number
001H

2. Name of Operator
COG OPERATING LLC

9. OGRID Number
229137

3. Address of Operator
One Concho Center, 600 W. Illinois Ave, Midland, TX 79701

10. Pool name or Wildcat

4. Well Location
Unit Letter M : 190 feet from the S line and feet 660 from the W line
Section 21 Township 25S Range 28E NMPM _____ County Eddy

11. Elevation (Show whether DR, KB, BT, GR, etc.)
2992 GR

Pit or Below-grade Tank Application or Closure

Pit Type _____ Depth to 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
Other: _____		Other: Spud <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/1/2017 Spudded well.

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 NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE	<u>Electronically Signed</u>	TITLE	<u>Production Reporting Mgr</u>	DATE	<u>7/5/2017</u>
Type or print name	<u>Diane Kuykendall</u>	E-mail address	<u>production@concho.com</u>	Telephone No.	<u>432-683-7443</u>

For State Use Only:

APPROVED BY:	<u>Karen Sharp</u>	TITLE	<u>OCD Reviewer</u>	DATE	<u>7/5/2017</u>
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Comments

Permit 238490

NOTICESPUD COMMENTS

Operator: COG OPERATING LLC One Concho Center Midland, TX 79701	OGRID: 229137
	Permit Number: 238490
	Permit Type: NoticeSpud

Comments

Created By	Comment	Comment Date
ksharp	Well cannot be placed on production until Operator is in compliance with NMOCD Rule 19.15.5.9 Financial Assurance	7/5/2017