(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATIVE PROPOSALS.) 1. Type of Well: ⊠Oil Well ☐ Gas		EMNRD-OCD ARTESIA REC'D: 8/05/2020 Form C-103 Revised November 3, 2011 WELL API NO. 30-015-41379 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name Honey Graham State Com 8. Well Number 4H
2. Name of Operator COG Operating LLC		9. OGRID Number 229137
3. Address of Operator		10. Pool name or Wildcat
2208 W Main Artesia NM 88210		Hay Hollow; Bone Spring
Section 29 Township 26S 11 12. Check Appropriate Box to Inc.	Range 28E NMPM County Eddy I. Elevation (Show whether DR, RKB, RT, GR, etc. 3001' GR dicate Nature of Notice, Report or Other	Data
TEMPORARILY ABANDON C	LUG AND ABANDON REMEDIAL WO	RILLING OPNS. P AND A
OTHER: □ Location is ready for OCD inspection after P&A 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.		
OPERATOR NAME, LEASE UNIT LETTER, SECTION, 7 PERMANENTLY STAMPED ☐ The location has been leveled as near other production equipment. ☐ Anchors, dead men, tie downs and r ☐ If this is a one-well lease or last rem OCD rules and the terms of the Operator from lease and well location. ☐ All metal bolts and other materials had to be removed.) ☐ unattached meter ☐ All other environmental concerns had Pipelines and flow lines have been a retrieved flow lines and pipelines.	ENAME, WELL NUMBER, API NUMBER, QUONNSHIP, AND RANGE. All INFORMATED ON THE MARKER'S SURFACE. Tarly as possible to original ground contour and has risers have been cut off at least two feet below groundining well on lease, the battery and pit location (r's pit permit and closure plan. All flow lines, produce the property of the pro	DUARTER/QUARTER LOCATION OR ION HAS BEEN WELDED OR as been cleared of all junk, trash, flow lines and bound level. (s) have been remediated in compliance with boduction equipment and junk have been removed moved. (Poured onsite concrete bases do not have concret
•	rn this form to the appropriate District office to so	-
SIGNATURE Delilah Flori	e of the reclaim; it is active and cannot be remo	DATE: 08/05/2020
DIGNATURE - COUNTY OF	111LE. Regulatory 1ech	DATE. 00/03/2020
TYPE OR PRINT NAME: Delilah Flore For State Use Only	E-MAIL: dflores2@concho.com	PHONE: 575-748-6946
APPROVED BY:Conditions of Approval (if any):	DENIED	DATEgc8/14/2020