Rec'd 10/28/2020 - NMOCD

Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised November 3, 2011 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015-42764	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		· · · —	EE 🗌
District IV	Santa Fe, NM 8/505		6. State Oil & Gas Lease N	No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Ag	reement Name
(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			Flyswatter State	
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well Gas Well Other			3H	
2. Name of Operator			9. OGRID Number	
COG Operating LLC 3. Address of Operator		229137 10. Pool name or Wildcat		
2208 W Main Artesia NM 88210		Wildcat; G-02 S2427030; Bone Spring		
4. Well Location			, , , , , , , , , , , , , , , , , , ,	zone spring
	the South line and 1980 feet fror	n the West line		
Section 31 Township 23S Range 27E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3258' GR				
12. Check Appropriate Box to I		Leport or Other Da	ata	
		1		
			SEQUENT REPORT OF:	
 -	PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING 'COMMENCE DRILLING OPNS. P AND A		
	CHANGE PLANS MULTIPLE COMPL	CASING/CEMENT JOB		
TOLE ON ALTER GASING	MOETH LE COMI L	OAGING/CEWENT	30B	
			ady for OCD inspection aft	
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. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
A steel marker at least 4" in diame	eter and at least 4° above ground	ievei nas been set in	concrete. It snows the	
OPERATOR NAME, LEAS	SE NAME, WELL NUMBER, A	API NUMBER, QU	ARTER/QUARTER LOC	ATION OR
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
The location has been leveled as t	nearly as possible to original grou	and contour and has b	neen cleared of all junk trast	n flow lines and
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location. Anchors / anchor markers not removed All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.) Trash on location and in pasture not removed Trash on location and in pasture not removed.				
All other environmental concerns have been addressed as per OCD rules.				
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines. If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well				
☑ If this is a one-well lease or last relocation, except for utility's distribution		ical service poles and	l lines have been removed fr	om lease and well
location, except for utility 5 distribution	ii iiii astructure.			
When all work has been completed, re	turn this form to the appropriate	District office to sche	edule an inspection.	
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SIGNATURE Delilah Flori	0.4. TITLE: I	Regulatory Technicia	n DATE: 1	0/28/2020
SIGNATURE V COMMO / COM		xeguiatory recillifela	m DAIE: I	0/28/2020
TYPE OR PRINT NAME Delilah Flor	res E-MAIL: df	lores2@concho.com	PHONE: 575-74	8-6946
For State Use Only				
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APPROVED BY: Conditions of Approval (if any):	DENIEC		DATE	gc 11/10/2020
conditions of rippional (if ally).				