Submit I Copy To Appropriate District Office District I – (575) 393-6161 State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised August 1, 2011
	WELL API NO. 30-025-40916
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 DEC 11 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 RECEIVED 1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Gettysburg State Com
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number
	3H /
2. Name of Operator COG Operating LLC	9. OGRID Number / 229137
3. Address of Operator	10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210	Antelope Ridge; Bone Spring, West
4. Well Location	2040 for from the First Fr
Unit Letter B: 160 feet from the North line and Section 16 Township 23S Range 34E	2040 feet from the <u>East</u> line NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	······································
3415' GR	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	
	ILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	IT JOB U
OTHER: OTHER: OTHER: OTHER:	Drilling d give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Coproposed completion or recompletion.	
proposed compressor of recompletion	
10/18/13 Drilled 5'. TD = 60'. 11/6/13 Drilled 5'. TD = 65'. 11/24/13 Drilled 5'. TD = 70'.	
1 de Suse	
11/6/13 Drilled 5'. TD = 65'.	
11/24/13 Drilled 5'. TD = 70'.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.
SIGNATURE TITLE: Regulatory Analyst	DATE: 12/10/13
Type or print name: Stormi Davis E-mail address: sdavis@conch	
For State Use Only	
APPROVED BY: Accepted for Record Only	DATE
Conditions of Approval (if any): With 12/12/2013	DATE
1,100	DEC 1 2 2013 /