Submit 1 Copy To Appropriate District Office	bmit 1 Copy To Appropriate District  State of New Mexico			Form C-103		
Office District I - (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 District III - (505) 334-6178 1220 South St. Francis Dr.			Revised August 1, 2011 WELL API NO.			
			30-025-41346			
<u>District III</u> – (505) 334-6178 1220 South St. Francis Dr.			5. Indicate Type of Lease  STATE FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460  1220 S. St. Francis Dr., Santa Fe, NM  RECEIVED  Santa Fe, NM 87505				l & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM RESERVED 87505						
SUNDRY NOTICES AND R	EPORTS ON WELLS		7. Lease N	ame or Unit Agreem	ent 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			Dos Abuelos Fee			
PROPOSALS.)						
1. Type of Well: Oil Well Gas Well Other			8. Well Number			
2. Name of Operator			9. OGRID Number			
COG Operating LLC			229137			
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210			10. Pool name or Wildcat Mescalero Escarpe; Bone Spring			
4. Well Location						
1	feet from the Nort	th line and	2310 fee	et from the West	t line	
Section 20 Township		Range 34E		IPM Lea	County	
11. Elevation (Show whether DR, RKB, RT, GR, etc. 4059' GR			)	The state of the s		
	4039	UK	= .	, *	91	
12. Check Appropriate	Box to Indicate N	ature of Notice,	Report or C	Other Data		
** *			•			
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			SEQUENT REPORT OF:  K □ ALTERING CASING □			
TEMPORARILY ABANDON				_		
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JO						
DOWNHOLE COMMINGLE						
OTHER:		OTHER: C	Completion (	Operations		
13. Describe proposed or completed operation						
of starting any proposed work). SEE RU proposed completion or recompletion.	LE 19.15.7.14 NMAC	2. For Multiple Cor	npletions: A	ttach wellbore diagra	am of	
proposed completion of recompletion						
4/4/14 to 4/5/14 MIRU. Ran CBL. TOC @ 137	0' Load & test csg to	1500# Good test	Set CBP @	14375' Test csg to:	8530#	
Perforate 14325-14335' (60). Injection test into p		Toom. Good tost.	BOT OBT	11575 . 1050 00g to	00000	
<b>5/7/14 to 5/9/14</b> Perforate Bone Spring 9910-142	976' Acdaw/67781 a	al 7 1/2% acid. Fra	c w/2765277.	# cand & 3110058 a	al fluid	
Sittle to Sizile Tenorate Boile Spring 2210 142	TO . Medz wioliol g	ar / 1/2/0 acid. Tra	C W/2/032//	" sand & 5110050 gi	ai miia.	
5/11/14 Began flowing back & testing.						
Spud Date: 3/3/14	Rig Release Da	ate:	3/28/14			
Spud Date.						
I hereby certify that the information above is true	and complete to the be	est of my knowledg	e and belief.			
SIGNATURE	TITLE. I	Dagulatanu Analyat		DATE: 5/10	2/1/4	
TITLE: Regulatory Analyst  Type or print name: Stormi Davis E-mail address: sdavis@concho				DATE:		
Type or print name: Stormi Davis	E-mail address	s: sdavis@conche	o.com	PHONE: <u>(575</u>	0) 748-6946	
For State Use Only	Pe	etroleum Enginee	ər		/ /	
APPROVED BY:	TITLE		<b>-</b> a.	_ date_ <i>05  </i>	6/14	
Conditions of Approvat (if any):	į					
				<b>A</b>		
				MAY 15	201 <b>4</b> <sup>6</sup>	