Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-40933 5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOT	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Wild Cobra 1 State SWD 🖌
1. Type of Well: Oil Well	Gas Well Other <u>SWD</u>	8. Well Number
2. Name of Operator	HOBBS OCD	9. OGRID Number
COG Operating LLC 🖌		229137
3. Address of Operator 2208 W. Main Street, Artesia, I	APR 2 2 2016	10. Pool name or Wildcat SWD; Delaware
4. Well Location	RECEIVED	
Unit Letter $\frac{6}{2}$:		1980 feet from the West line
Section 1	Township19SRange34E11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
	3962' GR	
12. Check A	Appropriate Box to Indicate Nature of Notice,	, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DR	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	MIT 🛛
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
4/1/16 MIT performed. Witnessed by George Ballard, Hobbs OCD and Keenan Kern, COG Operating. Charts have been submitted		
to OCD.	, , , , , , , , , , , , , , , , , , , ,	7.
Spud Date: 6/10/13	Rig Release Date:	6/22/13
I haraby cartify that the information	above is true and complete to the best of my knowled	go and holiof
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SIGNATURE	TITLE: <u>Regulatory Analyst</u>	DATE: <u>4/14/16</u>
Type or print name:Stormi Day	vis E-mail address: <u>sdavis@conch</u>	PHONE: (575) 748-6946
For State Use Only		
ADDOVED DV		
APPROVED BY: Conditions of Approval (if any):	NK EN Zoill	DATE
contraction of reperior at (it unif).	DE TON TO: 11	Sonnonscher M
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