

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-43501
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Maljamar 27 Federal SWD
8. Well Number 3
9. OGRID Number 229137
10. Pool name or Wildcat SWD; Wolfcamp

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(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 PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other SWD

2. Name of Operator  
COG Operating LLC

3. Address of Operator  
One Concho Center, 600 W. Illinois Avenue, Midland, TX 79701

4. Well Location  
Unit Letter N : 225 feet from the South line and 2185 feet from the West line  
Section 27 Township 17S Range 32E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT <input checked="" type="checkbox"/>	

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.

4/24/2018 MIRU STONE PUMP TRUCK, PJSM,JSA, PRESSURE UP ON CSG TO 500 PSI, RECORD ON CHART RECORDER FOR 30 MINUTES, BLED OFF PRESSURE, WITNESSED BY GEORGE WITH OCD, TOTSWD

ENCLOSED: ORIGINAL BRADENHEAD TEST REPORT  
COPY OF CHART

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

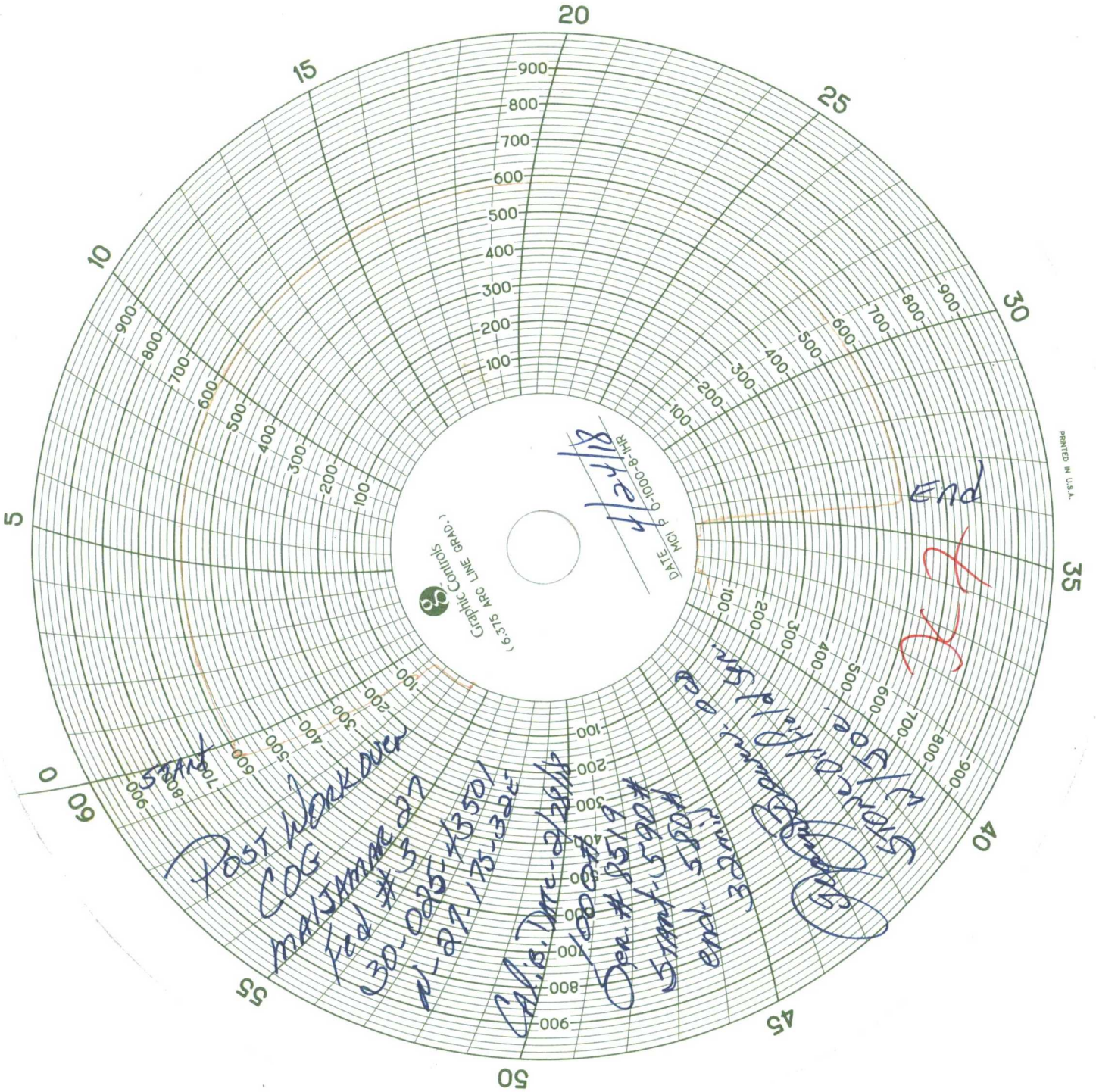
SIGNATURE Dana King TITLE Permit Specialist II DATE 5/03/2018

Type or print name Dana King E-mail address: dking@concho.com PHONE: (432) 818-2267

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer DATE 5-15-18  
Conditions of Approval (if any):







State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <b>COG</b>	API Number <b>30-025-43501</b>
Property Name <b>MAJAMAR 27 FED</b>	Well No. <b>3</b>

Surface Location

UL - Lot <b>N</b>	Section <b>27</b>	Township <b>17S</b>	Range <b>32E</b>	Feet from <b>225</b>	N/S Line <b>S</b>	Feet From <b>2185</b>	E/W Line <b>W</b>	County <b>2CA</b>
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJ INJECTOR <input type="radio"/> SWD <input checked="" type="radio"/>	OIL PRODUCER <input type="radio"/> GAS <input checked="" type="radio"/>	DATE <b>4/24/18</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>	<b>—</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Pull	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	WTR <input type="checkbox"/>
Surges	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Type of Fluid
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Injected for
Water	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**Post Work over**

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	<b>777</b>
Date: <b>4/24/18</b>	Phone:
Witness: <b>[Signature]</b>	

INSTRUCTIONS ON BACK OF THIS FORM