

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

220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

WELL API NO.

30-025-42461

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WILD COBRA 1 STATE SWD

8. Well Number 2

9. OGRID Number 229137

10. Pool name or Wildcat

Devonian

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

2. Name of Operator

COG OPERATING LLC

3. Address of Operator

2208 W Main St. Artesia, NM 88210

4. Well Location

Unit Letter C : 660 feet from the North line and 1650 feet from the West line

Section 1 Township 19S Range 34E NMPM LEA County NM

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

3963.5" GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: MIT TESTING ☒

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.

Test performed 03.06.19 by Gary Henrich EPI Consulting

Witnessed by Kerry Fortner

Please see attached

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

SIGNATURE Jeanette Barron TITLE Regulatory Analyst DATE 03.19.19

Type or print name Jeanette Barron E-mail address: jbarron@concho.com PHONE: 575-748-6974

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 3-22-19

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

HOBBS COO

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BRADENHEAD TEST REPORT

Operator Name COG OPERATING, LLC		API Number 30-025-40404-0000
Property Name WILD COBRA 1 STATE SWD		Well No. 002

2 Surface Location

UL - Lot E	Section 01	Township 19-S	Range 34-E	Feet from 1815	N/S Line N	Feet from 460	E/W Line W	County LEA
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Well Status

TA'D Well YES	SHUT-IN YES	INJECTOR NO	PRODUCER OK	DATE 3/6/19
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Case	(E)Fublog
Pressure	0	0	—	0	0
Flow Characteristics					Not End
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

POST WORKOVER MIT TEST

STANDARD SERVICES

Ser # 1011

Cal 11/1/18

START 605#

END 620#

Signature: <i>Brian Collins</i>	OIL CONSERVATION DIVISION
Printed name: Brian Collins	Entered into RBDMS
Title: Facilities Engineering Advisor	Re-test
E-mail Address: bcollins@concho.com	
Date: 3-6-19	
Phone: 575-748-6940	
Witness: KERRY FORTNER-OCD 575-399-3221	

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