

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

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-28607
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-732
7. Lease Name or Unit Agreement Name New Mexico DL State
8. Well Number #2
9. OGRID Number 229137
10. Pool name or Wildcat Cruz Delaware

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-103) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator COG Operating, LLC
3. Address of Operator 2208 W. Main Street Artesia, NM 88210

4. Well Location Unit Letter O : 660 feet from the South line and 1980 feet from the East line Section 18 Township 23S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3695' GL

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 checked="" 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: <input 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.

08/09/19 MIRU plugging equipment. Worked rods free, began POH w/ rods. 08/12/19 Finished POH w/ rods. Dug out cellar. ND well head, NU BOP. POH w/ 161 stands of tbg & pump. Set 5 1/2" CIBP @ 5045'. 08/13/19 Circulated hole w/ MLF. Pressure tested csg, held 600 PSI. Spotted 50 sx class C cmt @ 5045-4540'. Spotted 25 sx class C cmt w/ 2% CACL @ 2150-1902'. WOC. Perf'd csg @ 719'. Pressured up on perfs to 1200 PSI. RIH w/ tbg, tagged plug @ 1945'. Spotted 25 sx class C cmt @ 760-528'. WOC. 08/14/19 Tagged plug @ 560'. Perf'd csg @ 250'. Pressured up on perfs to 1200 PSI. Perf'd csg @ 100'. Pressured up on perfs to 1200 PSI. 08/14/19 RIH to 300'. Spotted 30 sx class C cmt @ 300' to surface. Rigged down & moved off. 08/16/19 Moved in backhoe and welder, dug out cellar, cut off well head, and Kerry Fortner w/ NM OCD verified cement to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

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 [Signature] TITLE: Regulatory Technician DATE: 8/27/2019

Type or print name: Delilah Flores E-mail address: dflores2@concho.com PHONE: 575-748-6946

For State Use Only

APPROVED BY: Kerry Fortner TITLE: C.O. A DATE: 9-6-19
Conditions of Approval (if any):