

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

HOBBS OCD

WELL API NO. 30-025-24549
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-4735
7. Lease Name or Unit Agreement Name Joannie-Shell
8. Well Number #1
9. OGRID Number 229137
10. Pool name or Wildcat E.K. Yates, 7 Rvs, Qn
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4071' RKB

RECEIVED
MAR 16 2020

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PUMPABATE 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
600 W. Illinois Ave, Midland, TX 79701

4. Well Location
Unit Letter **D** : **330** feet from the **N** line and **330** feet from the **W** line
Section **16** Township **18S** Range **34E** NMMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4071' RKB

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

PNR

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.

02/12/20 MIRU plugging equipment. Dug out cellar. 02/13/20 ND wellhead, NU BOP. POH w/ tbg. RIH w/ wireline & tagged @ 1100'. POH. RIH w/ drill bit & scraper to 4450'. 02/14/20 POH. Set 4 1/2" CIBP @ 4400'. Circulated hole w/ MLF. Pressure tested csg, held 0 PSI. Spotted 25 sx class C cmt @ 4400-4032'. WOC. 02/17/20 Tagged plug @ 4040'. Spotted 25 sx class C cmt w/ 2% CACL @ 2566-2202'. WOC. Pressure tested csg, held 500 PSI. Tagged plug @ 2210'. Perf'd csg @ 1355'. Established injection rate of 2 BPM @ 700 PSI. Sqz'd 35 sx class C cmt @ 1355-1205'. WOC. 02/18/20 Tagged plug @ 1180'. Isolated holes in csg @ 400' to surface. ND BOP, NU wellhead. Sqz'd 150 sx class C cmt @ 450' & circulated to surface. Rigg'd down & moved off. 02/19/20 20 Moved in backhoe and welder, dug out cellar, cut off well head, and Kerry Fortner w/ OCD verified cement to surface. Welded on "Below 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

TITLE: Regulatory Technician

DATE: 3/9/2020

Type or print name: **Doliah Flores**

E-mail address: **dflores@concho.com**

PHONE: 575-748-6946

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

Kerry Fort

CO A

4-13-20