

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

Rec'd 05/29/2020 - NMOCD

Form C-103

Revised August 1, 2011

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

WELL APINO. 30-025-46423
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Lychee State Com
8. Well Number 503H
9. OGRID Number 229137
10. Pool name or Wildcat Berry; Bone Spring, South

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator COG Operating LLC	
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	
4. Well Location Unit Letter <u>N</u> : <u>410</u> feet from the <u>South</u> line and <u>1580</u> feet from the <u>West</u> line Section <u>22</u> Township <u>21S</u> Range <u>34E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3713' GR	

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 type="checkbox"/>
	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Completion Operations <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.

1/14/20 Test 9 5/8" X 5 1/2" annulus to 1500#. Good test. Set CBP @ 20,731'. Perf 20,706-20,716'. Injection test.
1/31/20 to 2/16/20 Perf 10,717-20,644' (1400). Acdzw/38,020 gal 7 1/2% acid. Frac w/23,612,640# sand & 24,755,352 gal fluid.

2/18/20 – 2/22/20 Drilled out plugs. Clean down to 20,653'
2/23/20 to 2/25/20 Set 2 7/8" 6.5# L-80 tbgs @ 9,806' & pkr @ 9,796'.
3/1/20 Began flowing back & testing.
3/4/20 Date of first production.

Spud Date: 11/17/19 Rig Release Date: 1/6/20

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

SIGNATURE Amanda Avery TITLE: Regulatory Analyst DATE: 5/28/20

Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY: PM TITLE: LM II DATE: 7/24/2020
Conditions of Approval (if any):