Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised November 3, 2011	
1625 N. French Dr., Hobbs, NM 88240	6.		WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-025-28609	
811 S. First St., Artesia, NM 88210 District III			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE ⊠ FEE □	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM			V-732	
87505 SUNDRY NOTIC	ES AND DEDODTS ON WE	IIC	7. Lease Name or Unit Agre	nam ant Na ma
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			New Mexico DL State	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				
PROPOSALS.)			8. Well Number	
1. Type of Well: ⊠Oil Well □ C	Gas Well U Other		4	
2. Name of Operator		HOBBS	9. OGRID Number	
COG Operating LLC	00	D-HOBBS 04/06/2020 OFIVED	229137	
3. Address of Operator		04/06/201ED	10. Poolname or Wildcat	
2208 W Main Artesia NM 88210		04 06 262 RECEIVED	Cruz Delaware	
		TC .		
4. Well Location				
Unit Letter N: 330 feet from	n the <u>South</u> line and <u>2242</u> fee	t from the East line		
	38 Range 33E NMPM Co			
	11. Elevation (Show whether)	
	3701'GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INT	ENTION TO:	l SUF	SEQUENT REPORT O)E·
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK				G CASING
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				_
TOLE ON ALTEN GASING	MOLTH LE COM L	OAGING/OLIVILIV	1 305	
OTHER:			eady for OCD inspection afte	r P&A
All pits have been remediated in	compliance with OCD rules a			
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and				
other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
	tor's pit permit and closure p	lan. All flow lines, pro-	duction equipment and junk ha	ve been removed
from lease and well location.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1	1.70	1 .1
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.)	1 1 11 1	ocp 1		
 ✓ All other environmental concerns have been addressed as per OCD rules. ✓ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- 				
	en abandoned in accordance w	vith 19.15.35.10 NMA	C. All fluids have been remove	d from non-
retrieved flow lines and pipelines.	11 1 11 1		11. 1 1 1.	1 1 11
☐ If this is a one-well lease or last r		ectrica i service poles a	nd lines have been removed fro	m lease and well
location, except for utility's distribution	on infrastructure.			
When all work has been completed us	atum this form to the appropri	into District office to se	hadula an inspection	
When all work has been completed, re	eturn triis form to the appropr	iate District of fice to sc	nedule an inspection.	
_ 0.0 / _0				
SIGNATURE Delilah Flo	res TITL	E: Regulatory Tech	DATE: 4/6/2020	
		5 j =		
TYPE OR PRINT NAME: Delilah Flo	ores E-MAIL:	dflores2@concho.com	PHONE: 575-308-72	264
For State Use Only				
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APPROVED BY:				
Conditions of Approval (if any):	Fortner TITT	$_{ m LE}$ Compliance Offi	cer ADATE_	3/10/21

