Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161 Energy	, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 BBS OCD District II – (575) 748-1283	ONICEDIA TIONI DIMICIONI	30-025-40349
611 3. 1 list St., Altesia, NW 60210	CONSERVATION DIVISION 220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 8740 U 9 2013	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, INIVI 87303	6. State Oil & Gas Lease No.
87505 DECEIVED		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL DIFFERENT RESERVOIR. USE "APPLICATION FOR PE	OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Lobo 26 State
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Gas Well	Other	8. Well Number
2. Name of Operator		9. OGRID Number
COG Operating LLC	<del></del>	229137  10. Pool name or Wildcat
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	!	WC-025 G-06 S213323D; Bone Spring
4. Well Location		
	feet from the North line and Page 225	
Section 26 Township	21S Range 33E on (Show whether DR, RKB, RT, GR, etc.	NMPM Lea County
Ti. Biovan	3762' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON CHANGE P	_	ILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE	<u> </u>	T JOB
DOWNHOLE COMMINGLE	·	
OTHER:	OTHER:	Gas Connect ⊠
		d 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	
	i :	
11/00/10 / 11/01/10 DOOL // DUL /		nc) Di alla
11/20/12 to 11/21/12 POOH w/tbg. RIH w/pump & tbg. Set 2 7/8" 6.5# L-80 tbg @ 10485'. Place well on pump.		
12/20/13 Connected gas to pipeline.		
	•	
Spud Date: 6/15/12	Rig Release Date:	8/11/12
Spud Date.	Rig Release Date.	
I hereby certify that the information above is true	and complete to the best of my knowledg	ge and belief.
0		
SIGNATURE To James	TITLE: Regulatory Analyst	DATE: <u>1/7/13</u>
Type or print name: Stormi Davis	E-mail address: <u>sdavis@conch</u>	o.com PHONE: (575) 748-6946
For State Use Only		
7-/		
APPROVED BY: TITLE DATE DATE DATE DATE DATE DATE DATE DAT		
Conditions of Approval (11 9113).		
;		() or