| Submit 1 Copy To Appropriate District | State of New Mexico | | | Form C-103 | | | |
|---|--|-----------------------|------------------------|---|--|----------------|--|
| Office <u>District 1</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | | Revised August 1, 2011 | | | | |
| 1625 N. French Dr., Hobbs, NM 88240 | <u> </u> | | | WELL API NO. | | | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 30-025-41612 5. Indicate Type of Lease | | | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Francis Dr. | | | STATE FEE | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 87505 | | | 6. State Oil & Gas Lease No. | | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | • | | | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | 7 Lease Na | me or Unit A | greement Name | |
| (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.) | | | | Oriole State | | | |
| 1. Type of Well: Oil Well | Gas Well Other HOBBS OCD | | CD | 8. Well Number 1H | | | |
| 2. Name of Operator | | JUL 2 3 2 | M1/4 | 9. OGRID N | | | |
| COG Operating LLC 3. Address of Operator | | 30E 25 (8 125m) | | 229137 10. Pool name or Wildcat | | | |
| 2208 W. Main Street, Artesia | , NM 88210 | | | | irstrip; Bone | | |
| 4. Well Location | | RECEIVE | D | | | | |
| Unit Letter P | :190 feet from the | South 1 | ine and 6 | 660 feet fr | om the | East line | |
| Section 22 | Township 185 | | 34E | NMF | | | |
| 11 Elevation (Show whether DR RKB RT GR etc.) | | | | | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | 3999' GR | | | | The state of the s | | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB OTHER: Completion Operations OTHER: Completion Operations OTHER: | | | | | | | |
| 7/19/14 Began flowing back & tes | ting. | _ | | | | | |
| Spud Date: 5/2/1 | 4 Rig R | elease Date: | | 6/18/14 | | | |
| | | | | | | į. | |
| I hereby certify that the informatio | n above is true and complete | e to the best of r | nv knowledge | e and belief. | | · | |
| | l _ | | , | | | | |
| SIGNATURE AND I | TITL | E: Regulat | ory Analyst | | DATE: | 7/22/14 | |
| Type or print name: Stormi D | | | lavis@concho | | | (575) 748-6946 | |
| • | <u>uvio</u> | in address. <u>Su</u> | IN A 12 COLOUR | O PROPERTY A | _ IIIONE. | (3/3//140 0740 | |
| For State Use Only | | | | | | / / | |
| APPROVED BY: | <i>leas</i> Titi | .E Petrole | um Engine | 6r | DATE | 19/23/14 | |
| Conditions of Approval (if any): | | | 51110 | <u> </u> | | | |