Submit 1 Copy To Appropriate District Office	State of New Mex		Form C-103	
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District III – (575) 748-1283 HOBBS 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazas Rd. Artes, NM 874407. A 77 2016			October 13, 2009 WELL API NO. 30-025-41107	
			ndicate Type of Lease	1
		-05	STATE FEE	
<u>District IV</u> = (303) 476-3460		6. S	tate Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	EIVED			
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		G BACK TO A War	7. Lease Name or Unit Agreement Name Warbler State	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. V	Vell Number 1H	1
2. Name of Operator COG Operating LLC			9. OGRID Number 229137	
3. Address of Operator			10. Pool name or Wildcat	
2208 W. Main St. Artesia, NM 88210			WC-025 G-06 S213323D; Bone Springs	
4. Well Location			, , , , , , , , , , , , , , , , , , , ,	+
	330 feet from the N	line and 190	feet from the W line	
Section 28	Township 21S Range			
	11. Elevation (Show whether DR, H			
	3704' GR			
12. Check A	Appropriate Box to Indicate Nat	ture of Notice, Repo	rt or Other Data	
NOTICE OF IN	TENTION TO	OUDOEO	LIENT DEDORT OF	
			UENT REPORT OF:	
		REMEDIAL WORK	☐ ALTERING CASING☐	
- FOANK LYN X			DRILLING OPNS. P AND A	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	N P&A R	CASING/CEMENT JOB		
DOWNTOLE COMMININGLE				
OTHER:		OTHER:		
			pertinent dates, including estimated date	9
	rk). SEE RULE 19.15.7.14 NMAC.	For Multiple Completion	ons: Attach wellbore diagram of	
proposed completion or rec	-			
			ny man. Spot'd 60 sx class C cmt @	
	Whitaker's request w/ NM OCD). F		d off. 09/28/16 Moved in backhole Marker". Backfilled cellar. Cut off	
deadmen. Cleaned locatio		Dove Ground Dry Hole	Marker . Backimed cenar. Cut on	
deduction element location	, , , , , , , , , , , , , , , , , , , ,			
	App	roved for Plugging of w	ollhous auto ti tuu	
	Bolle	u is recailled penging re	ellbore only. Liability under storation and completion	
	OI LII	e C-103, Specific for Su	bsequent Report of	
	vveii	Flugging, which may b	e found on the OCD	
	Web	page under forms.		
Spud Date:	Rig Release Da	te:		
TI I COLUMN	1 1 1 1 1 1 1 1		1. 0	-
I hereby certify that the information a	above is true and complete to the best	t of my knowledge and t	pelief.	
7			_ / / .	
SIGNATURE S: 1) Mi	TITLE	DIS ENGLASSEL	15 TEC L DATE 10/5/16	
	1			-
Type or print name Basan	E-mail address:	SMALERINO @ CONCL.	. com PHONE: 432.221-04	67
For State Use Only				
APPROVED BY: Walli	Kitchen TITLE PIE	.5.	DATE 10/11/2016	
THE ROYLD DI.			DATE	
Conditions of Approval (if any):	THEE			