Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised August 1, 2011		
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISIONCO		WELL API NO. 30-025-40845		
District III - (505) 334-6178	1220 South St. Francis	Dr.	5. Indicate Type of Lease STATE S FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505	AM	, ET	)		
SUNDRY NOTI	CES AND REPORTS ON WELLS	ECEIVE	7. Lease Name or Unit Agreement 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.)		Eata Fajita 8 State SWD			
1. Type of Well: Oil Well	Gas Well Other SWD		8. Well Number		
2. Name of Operator			9. OGRID Number		
COG Operating LLC			229137		
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210			10. Pool name or Wildcat SWD; Delaware		
4. Well Location			,		
Unit LetterF :	2310 feet from the <u>North</u> 1	ine and23	10 feet from the <u>West</u> line		
Section 8	Township 24S Range		NMPM Lea County		
	11. Elevation (Show whether DR, RKE 3611' GR	<i>B, RT, GR, etc.)</i>			
	5011 51				
12. Check A	ppropriate Box to Indicate Nature	e of Notice, F	Report or Other Data		
NOTICE OF IN	TENTION TO	SUBS	EQUENT REPORT OF:		
	PLUG AND ABANDON				
		COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING		SING/CEMENT	JOB 🗌		
OTHER:		HER:	MIT		
1 1 1	rk). SEE RULE 19.15.7.14 NMAC. Fo		give pertinent dates, including estimated date apletions: Attach wellbore diagram of $/$ $OH \cdot 5429$		
	O/O tool and inspect. RIH & set 4 <sup>1</sup> / <sub>2</sub> " 1 r/350 bbls FW containing pkr fluid. Rar		ssbore tbg and pkr @ 5378'.) Test to 650# for for 30 mins and record on chart for OCD.		
(Chart attached.)					
(Churt attachea.)					
I hereby certify that the information	above is true and complete to the best of	my knowledge	and belief.		

SIGNATURE Standard	TITLE: Regulatory Analyst	DATE:	4/27/17
Type or print name: Stormi Davis	E-mail address: <u>sdavis@concho.com</u>	PHONE:	(575) 748-6946
For State Use Only APPROVED BY:	LTITLE AO/IL	DATE	5/8/2017

