

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

WELL API NO. 30-025-22597
3. Indicate Type of Lease Federal
STATE ☐ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name
Bate Federal
8. Well Number 3
9. OGRID Number 229137
10. Pool name or Wildcat SWD; Yates
4. Well Location
Unit Letter C : 330 feet from the North line and 1980 feet from the West line
Section 35 Township 19S Range 33E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3604

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 PROPOSALS.)
1. Type of Well: Oil Well ☐ Gas Well ☒ Other SWD
2. Name of Operator COG Operating, LLC
3. Address of Operator One Concho Center
600 W. Illinois Ave.
Midland, TX 79701
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
OTHER: ☐
SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: MIT ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and 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.

7/20/17 Annual MIT. Tested to 620psi, ended w/600 psi for 32mins. Good test.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kanicia Castillo TITLE Lead Regulatory Analyst DATE 7/27/17

Type or print name Kanicia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332
For State Use Only

APPROVED BY: Kerry Fother TITLE Compliance Officer DATE 7-28-17
Conditions of Approval (if any):

HOBBS OCD

JUL 28 2017

RECEIVED

