Submit One Copy To Appropriate District Office	State of New M	lexico -	Form C-103
District I	Energy, Minerals and Nat	tural Resources	January 20, 2011
1625 N. French Dr., Hobbs, NM 88240	1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 8821 HOBBE CONSERVATION DIVISION District III		WELL API NO. 30-025-30195
1301 W. Grand Ave., Artesia, NM 8821	BBE CONSERVATION	N DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	a Amily South St. 110	arreis Dr.	STATE FEE .
District IV	SEP 2 0 20 Santa Fe, NM 8	87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	IVED		B-2516
SUNDRY NOTIC	REPORTS ON WELL	.S	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		Petrus D	
PROPOSALS.)			
1. Type of Well: ⊠Oil Well □ 0	Gas Well Other		8. Well Number 4
2. Name of Operator	/		9. OGRID Number
COG Operating LLC			229137 /
3. Address of Operator One Concho Center, 600 W Illinois A	Ave Midland TX 79701		Maljamar;Grayburg-San Andres
4. Well Location			
	t from the North line and 900 fee	et from the East line	
Unit Letter H: 1650 feet from the North line and 990 feet from the East line Section 11 Township 17S Range 33E NMPM County Lea			
Section 11 Township	11. Elevation (Show whether D.		
4155' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INT			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK	
	MULTIPLE COMPL	CASING/CEMENT	_
TOLE ON METER ON ONCO		O/ IOII TO/ OEIVIEIT	, PM
OTHER:			ady for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.			
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR			
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR			
PERMANENTLY STAMP	ED ON THE MARKER'S SUI	RFACE.	
M The location has been leveled as	nearly as possible to original are	und contour and has b	peen cleared of all junk, trash, flow lines and
The location has been leveled as a other production equipment.	hearry as possible to original gro	fund contour and has t	reen cleared of an junk, trash, now tines and
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.			
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed			
OCD rules and the terms of the Operation lease and well location.	tor's pit permit and closure plan.	. All flow lines, produ	iction equipment and junk have been removed
	s have been removed. Portable h	oases have been remov	ved. (Poured onsite concrete bases do not have
to be removed.)			Table (1 care a
	n abandoned in accordance with	19.15.35.10 NMAC.	All fluids have been removed from non-
retrieved flow lines and pipelines.			d lines not to include primary service
If this is a one-well lease or last remaining well on lease, all electrical service, poles and lines, not to include primary service company equipment, has been removed from lease and well location.			
		rical service, poles and	F,
When all work has been completed, re			
When all work has been completed, re	ed from lease and well location.		
	ed from lease and well location. Eturn this form to the appropriate	District office to sche	edule an inspection.
SIGNATURE SIGNATURE	ed from lease and well location. Eturn this form to the appropriate		edule an inspection.
SIGNATURE	to the difference of the state	District office to sche	edule an inspection. alystDATE _9/18/17
	to the difference of the state	District office to sche	edule an inspection. DATE 9/18/17
SIGNATURETYPE OR PRINT NAME _Kanicia C. For State Use Only	at from lease and well location. Sturn this form to the appropriate TITLE astillo E-MAIL	District office to sche Lead Regulatory Ana :kcastillo@concho	DATE <u>9/18/17</u> D.com PHONE: <u>432-685-4332</u>
SIGNATURE TYPE OR PRINT NAME Kanicia C	at from lease and well location. Sturn this form to the appropriate TITLE astillo E-MAIL	District office to sche	DATE 9/18/17 D.com PHONE: 432-685-4332