Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I Energy, Minerals and Natural Resources			January 20, 2011 WELL API NO.	
1625 N. French Dr., Hobbs, NM 8824 HOBBS OCD District II			30-025-30217	
OIL CONSERVATION DIVISION District III			5. Indicate Type	
1000 Rio Brazos Pd Azteo NM 87410				🛛 FEE 🗌
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Ga B-2516	is Lease No.
	ES AND REPORTS ON WELLS	5	7. Lease Name of	r 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.)			Petrus D	/
1. Type of Well: Oil Well Gas Well Other			8. Well Number	5
2. Name of Operator			9. OGRID Numb	ver d
COG Operating LLC		229137		
3. Address of Operator One Concho Center, 600 W Illinois Ave, Midland, TX 79701			 Pool name or Wildcat Maljamar;Grayburg-San Andres 	
4. Well Location			Waljamar, Orayou	ing-San Anales
Unit Letter A : 990 feet from the North line and 330 feet from the East line				
Section 11 Township 17S Range 33E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
4163' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPOR				PORT OF
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR		LLING OPNS.	P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	Т ЈОВ	
				Phy Phy
OTHER: Image: Location is ready for OCD inspection after P&A Image: 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 STAMPED ON THE MARKER'S SURFACE.				
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and				
other production equipment. 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				
from lease and well location.				
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.) All other environmental concerns have been addressed as per OCD rules.				
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines.				
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. When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
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SIGNATURE	TITLE	Lead Regulatory An	alyst	DATE <u>9/18/17</u>
TYPE OD DDDITNAME V 11 O				
TYPE OR PRINT NAME <u>Kanicia Ca</u> For State Use Only	<u>istilio</u> E-MAIL:	kcastillo@conch	o.com P	HONE: <u>432-685-4332</u>
			0	
APPROVED BY: <u>Xerry</u> forthe Conditions of Approval (if any):	TITLE C	mpliance Off	icen	DATE 9-28-17
Conditions of Approval (Many):				