

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  
**HOBBS OCD**  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
**RECEIVED**  
JUL 19 2019

Form C-103  
Revised July 18, 2013

|   |  |   |
|---|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.) |  | WELL API NO.<br>30-025-45051  |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>  |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator<br>COG Operating LLC  |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br>2208 W. Main Street, Artesia, NM 88210  |  | 7. Lease Name or Unit Agreement Name<br>Coonskin Fee  |
| 4. Well Location<br>Unit Letter <u>D</u> : <u>50</u> feet from the <u>North</u> line and <u>610</u> feet from the <u>West</u> line<br>Section <u>28</u> Township <u>24S</u> Range <u>35E</u> NMPM Lea County  |  | 8. Well Number<br>603H  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3307' GR  |  | 9. OGRID Number<br>229137   |
|   |  | 10. Pool name or Wildcat<br>WC-025 G-09 S243532M; Wolfbone  |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:  |  |
|--|---|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                           | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>                 | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>                       |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |   |  |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |  |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: Completion Operations <input checked="" type="checkbox"/> |  |

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.

1/31/19 Test annulus to 1500# for 30 mins. Good test. Set CBP @ 19625'. Test csg to 11170#. Good test.

2/25/19 to 3/22/19 Perf 12414-19610' (1200). Acdz w/121,758 gal 7 1/2% acid. Frac w/14,400,720# sand & 14,730,576 gal fluid.

3/27/19 to 3/28/19 Drilled out frac plugs. Clean down to CBP @ 19625'.

3/29/19 Set 2 7/8" 6.5# L-80 tbg @ 11,084' & pkr @ 11,074'.

6/4/19 Began flowing back & testing. Date of first production.

Spud Date:

10/14/18

Rig Release Date:

11/17/18

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

SIGNATURE

*Amanda Avery*

TITLE:

Regulatory Analyst

DATE: 7/16/19

Type or print name:

Amanda Avery

E-mail address:

aavery@concho.com

PHONE: (575) 748-6962

For State Use Only

APPROVED BY:

*Karen Sharp*

TITLE

Staff Mgr

DATE

7-22-19

Conditions of Approval (if any):