Submit One Copy To Appropriate District State of New Mexico Office	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources	Revised November 3, 2011 WELL API NO.
District II 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVERN	30-025-00577
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, W 87505 2019	6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 CT Santa Fe, SV 87505 OCT Santa Fe, SV 87505 Santa Fe, SV 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUS FOCK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Edward State
PROPOSALS.)	8. Well Number
1. Type of Well:   Oil Well   Gas Well   Other     2. Name of Operator	3 9. OGRID Number
COG Operating LLC	229137
3. Address of Operator	10. Pool name or Wildcat
2208 W Main Artesia NM 88210	Maljamar; Queen (Gas)
4. Well Location	
Unit Letter L: <u>1720</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>West</u> line Section <u>16</u> Township <u>17S</u> Range <u>32E</u> NMPM County Lea	
Section <u>16</u> Township <u>17S</u> Range <u>32E</u> NMPM County <u>Lea</u> 11. Elevation (Show whether DR, RKB, RT, GR, etc	
4029' RKB	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other I	Data J g. M.
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PULL OR ALTER CASING  MULTIPLE COMPL CASING/CEMEN	
	ready 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.	
<ul> <li>Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.</li> <li>A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the</li> </ul>	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER SECTION TOWNSHIP, AND BANCE, AUDIEORMATION HAS BEEN WELDED OR	
<u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u> 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, pro	duction equipment and junk have been removed
from lease and well location. All metal bolts and other materials have been removed. Portable bases have been rem	oved. (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 have been removed from lease and well	
location, except for utility's distribution infrastructure.	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
PLEASE SEE ATTACHED	,
SIGNATURE TITLE: Regulatory Technici	an DATE: 10/29/19
TYPE OR PRINT NAME. Delilah Flores E-MAIL: <u>dflores2@concho.</u>	<u>com</u> PHONE: 575-748-6946
For State Use Only	
APPROVED BY: Ithe TITLE C. C.	A DATE 11-1-19
Conditions of Approval (if any):	





