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Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised November 3, 2011	
District I E 1625 N. French Dr., Hobbs, NM 88240	nergy, Minerals and Natu		WELL API NO.	evised November 5, 2011
District II OIL CONSERVATION			30-025-00566	
811 S. First St., Artesia, NM 88210 OIL CONSERVAL PROFINITION District III 1220 Souther, Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM-87505			STATE 🛛	FEE
		6. State Oil & Gas L	ease No.	
87505		REIVED		
1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WEDE CEIVED (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Leaker CC State	
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator			9. OGRID Number	
COG Operating LLC			229137	
3. Address of Operator			10. Pool name or Wildcat	
2208 W Main Artesia NM 88210			Maljamar	
4. Well Location				
Unit Letter G: 1650 feet from the	North line and 1650 feet fro	om the East line		
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.) 4062' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			LING OPNS.	AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN CASING/CEMEN			ЈОВ 🗌	
OTHER:				
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				
OREDATOD NAME I FACE NAME WELL NUMBED ADINUMBED OUADTED/OUADTED LOCATION OD				
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> 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 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.				
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SIGNATURE (DIVAC)	ייי דיזייניי די	anulators Taslata'	T 4 T	E. 10/20/10
SIGNATURE		egulatory Technician	DAT	E: 10/29/19
TYPE OR PRINT NAME: Delilah Flores	E-MAIL:	dflores2@concho.co	m PHON	VE: 575-748-6946
For State Use Only				*
Your It	TITLE (o A		11-12-19
APPROVED BY: <u>New Jicke</u>	TITLE_C		Ľ	DATE <u>[[~] 579</u>
Conditions of Approval (if any):				