

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-42463
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. SWD-1523
7. Lease Name or Unit Agreement Name MACHO NACHO 7 STATE SWD
8. Well Number 1
9. OGRID Number 229137
10. Pool name or Wildcat SWD; BELL CNYN-CHERRY CNYN

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM 17) FOR SUCH  
PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other SWD

2. Name of Operator

COG OPERATING LLC

3. Address of Operator

2208 W MAIN ST, ARTESIA, NM 88210

4. Well Location

Unit Letter F : 2000 feet from the NORTH line and 2200 feet from the WEST line

Section 7 Township 24S Range 33E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3597' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ☐

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.

COG OPERATING LLC RESPECTFULLY REQUESTS PERMISSION TO PERFORM A REPAIR WORKOVER ON THIS WELL TOWARD THE END OF FEBRUARY 2020.

THE WELL DEVELOPED PRESSURE ON THE TBG X CSG ANNULUS AND WAS SI AND TAKEN OUT OF SERVICE ON JANUARY 13, 2020. AN MIT WILL BE RUN AFTER THE REPAIR WORKOVER IS COMPLETED AND PRIOR TO PUTTING THE WELL BACK INTO SERVICE.

Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart

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

SIGNATURE Deborah L. Wilbourn TITLE PRODUCTION COMPLIANCE LEAD DATE 01/27/2020

Type or print name DEBORA L. WILBOURN E-mail address: dwilbourn@concho.com PHONE: 575-748-6958

For State Use Only

APPROVED BY: Kerry Forte TITLE CO A DATE 2-10-20  
Conditions of Approval (if any):