

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 374087	
SUNDRY NOTICES AND REPORTS ON WELLS (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 NUMBER 30-025-52368	
1. Type of Well: Oil		5. Indicate Type of Lease State	
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No.	
3. Address of Operator 600 W Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name EATA FAJITA STATE COM	
4. Well Location Unit Letter <u>P</u> : <u>630</u> feet from the <u>S</u> line and feet <u>840</u> from the <u>E</u> line Section <u>8</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>Lea</u>		8. Well Number 603H	
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3601 GR		9. OGRID Number 229137	
Pit or Below-grade Tank Application ☐ or Closure ☐			
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____			
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 OF PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ Other: _____ SUBSEQUENT REPORT OF: ALTER CASING ☐ PLUG AND ABANDON ☐ Other: <u>Spud</u> ☒			
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. <u>9/24/2024</u> Spudded well. <u>09/24/2024</u> SPUD well @ 06:00 HRS CST.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐ .			
SIGNATURE Type or print name	Electronically Signed <u>Robyn Russell</u>	TITLE E-mail address <u>Supervisor Delaware Regulatory</u> <u>robyn.m.russell@conocophillips.com</u>	DATE Telephone No. <u>9/25/2024</u> <u>432-685-4385</u>
For State Use Only:			
APPROVED BY:	<u>Sarah K McGrath</u>	TITLE <u>Petroleum Specialist - A</u>	DATE <u>9/25/2024</u>