Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I	Energy, Minerals and Natural Resources			May 27, 2004 WELL API NO.	
1625 N French Dr, Hobbs, NM 88240 District II	OV. GOVIGENAL TROOP BY WATER				015-37421
1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.				X FEE
<u>District IV</u> 1220 S St Francis Dr , Santa Fe, NM	Santa Fe, NM 87505			6. State Oil & Ga	is Lease No.
87505					
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name of	r Unit Agreement Name
(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				т	ex-Mack
PROPOSALS)				8. Well Number 260	
Type of Well: Oil Well				9. OGRID Number	
COG Operating LLC					229137
3. Address of Operator				10. Pool name or	Wildcat
550 W. Texas Ave., Suite 1300 Midland, TX 79701				Fren; Glo	rieta-Yeso 26770
4. Well Location					
Unit Letter !:	2310 feet from th			feet from the	
Section 2			ange 31E	NMPM	County Eddy
	11. Elevation (Show	whether DR 4003 '			
Pit or Below-grade Tank Application	or Closure 🛛	4003	GK		
		e from nearest	fresh water well 100	O' Distance from near	rest surface water <u>1000</u>
Pit Liner Thickness: 12 mil Below-Grade Tank: Volumebbls; Construction Material					
*,			ature of Notice	Report or Other	Data
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN	SEQUENT RE				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					ALTERING CASING
TEMPORARILY ABANDON DIVILOR ALTER CACING	<u> </u>				P AND A
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMEN	1 108 🗆	
OTHER:			OTHER:	Pool Code Correct	
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.					
or recompletion.					
COG Operatin	g LLC respectfully red	quest for ne	w pool code of 26	770, Fren; Gloriet	a-Yeso
This is the pool assigned to this area.					
		/			
I hereby certify that the information	above is true and some	alata ta tha h	act of my knowledge	a and haliaf I fourth	
grade tank has been/will be constructed o					
	Malian				÷
SIGNATURE (MCK8M	TITLE	Regulatory Ana	alyst	DATE 2/25/11
Type or print name Chasity Jac	kson E-mail address:	ciackson	@conchoresourc	es.com Telepho	one No. 432-686-3087
For State Use Only	1	_		•	
ADDROVED BY KPIK	do		IST IP S DOI	11/5/17	DATE 06/24/201
APPROVED BY: () KNOW (Conditions of Approval (if any):		IIILb	or a you	<i>,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DATE OG OCT JOB
Conditions of Approval (if ally).					
RECEIVED					

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