

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

EMNRD-OCD ARTESIA  
 RECEIVED: 4/06/2020

Form C-103  
 Revised July 18, 2013

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

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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-015-45948 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No.
2. Name of Operator COG Operating LLC		7. Lease Name or Unit Agreement Name Myox 31 State Com 8. Well Number 601H
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		9. OGRID Number 229137
4. Well Location Unit Letter <u>A</u> : <u>230</u> feet from the <u>North</u> line and <u>1190</u> feet from the <u>East</u> line Section <u>31</u> Township <u>25S</u> Range <u>28E</u> NMPM Eddy County		10. Pool name or Wildcat Purple Sage; Wolfcamp
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3013' GR		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>Completion Operations</u> <input checked="" type="checkbox"/>	
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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.

Amend Depths

11/12/19 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 18,998'. Test to 9,523#. DFit test 19,083-19,093'. Injection Test. **???Test Below CBP??? added perms?**  
 11/23/19 to 12/14/19 Perf 9,299 – 18,983' (1372). Acdz w/ 76,566 gal 7-1/2% frac w/ 24,561,244# sand & 19,419,960 gal fluid.  
 12/16/19 to 12/17/19 Drill out CFP's. Clean down to PBTB @ 18,998'.  
 12/22/19 to 12/28/19 Set 2 7/8" 6.5#L-80 tbg @ 8,587' & pkr @ 8,577'. Installed gas lift system.  
 1/20/20 Began flowback & testing.  
 1/22/20 Date of first production.

Spud Date:  Rig Release Date:

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

SIGNATURE Amanda Avery TITLE: Regulatory Analyst DATE: 2/24/20

Type or print name: Amanda Avery E-mail address: aaavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY: \_\_\_\_\_ DATE gc 4/15/2020  
 Conditions of Approval (if any):

**DENIED**