

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 Form C-103  
 REC'D: 7/29/2020 Revised July 18, 2013

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

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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)<br>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other |  | WELL APINO.<br>30-015-46381<br>5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/><br>6. State Oil & Gas Lease No. |
| 2. Name of Operator<br>COG Operating LLC   |  | 7. Lease Name or Unit Agreement Name<br>Honey Graham State Com   |
| 3. Address of Operator<br>2208 W. Main Street, Artesia, NM 88210   |  | 8. Well Number<br>701H   |
| 4. Well Location<br>Unit Letter <u>A</u> : <u>320</u> feet from the <u>North</u> line and <u>745</u> feet from the <u>East</u> line<br>Section <u>20</u> Township <u>26S</u> Range <u>28E</u> NMPM <u>Eddy</u> County  |  | 9. OGRID Number<br>229137  |
| 11. Elevation ( <i>Show whether DR, RKB, RT, GR, etc.</i> )<br>3064' GR  |  | 10. Pool name or Wildcat<br>Purple Sage; Wolfcamp  |

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

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

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.

4/15/20 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 21,474'. Test to 11,601#.

6/6/20 to 6/14/20 Perf 9,550 – 21,364' (1450). Acdz w/ 5,292 gal 7-1/2%; frac w/ 24,660,445# sand & 23,356,284 gal fluid.

7/2/20 to 7/3/20 Drill out CFP's. Clean down to PBTD @ 21371'.

7/4/20 to 7/6/20 Set 2 7/8" 6.5# L-80 tbg @ 8,824' & pkr @ 8,814'. Installed gas lift system.

Spud Date: 10/27/19 Rig Release Date: 12/6/20

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: 7/28/2020

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

**For State Use Only**

APPROVED BY: [Signature] TITLE Staff Manager DATE 7/31/2020  
 Conditions of Approval (if any):

8/19/2020 AB