Office	1 Copy To Appropriate District State of New Mexico				Form C-103			
District I		Energy, N	Ainerals and Nat	ural Resources	THE LABORATOR		ober 13, 2009	
	Dr., Hobbs, NM 88240				WELL API NO			
District II 1301 W Grand Ave., Artesia, NM 88210 OIL CONSERVATION				N DIVISION	30-015-39245			
District III	istrict III 1220 South St. Francis Dr.					5. Indicate Type of Lease		
	1000 Rio Brazos Rd., Aztec, NM 87410					STATE FEE 6. State Oil & Gas Lease No.		
<u>District IV</u> 1220 S. St Fran 87505	cis Dr., Santa Fe, NM	.	Janua I C, I VIVI C	17303	6. State Oil & C	jas Lease No.		
87303	SUNDRY NOTIC	'ES AND REP	ORTS ON WELL	<u> </u>	7. Lease Name	or Unit Agreen	ent 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					Buena Vista 2 State			
PROPOSALS.)					8. Well Number			
1. Type of Well: Oil Well Gas Well Other					3H			
2. Name of Operator COG Operating LLC					9. OGRID Number 229137			
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210					10. Pool name or Wildcat Gatuna Canyon; Bone Spring			
		101 00210	,		Gatuna	zanyon, Bone S	pring	
4. Well Loca								
	t Letter N:		et from the S			•	est line	
Sect	tion 2	Township	20S	Range 30E		Eddy	County	
		11. Elevation		R, RKB, RT, GR, etc 30'	c.)			
12. Check A	Appropriate Box to I	ndicate Natu	ire of Notice, R	eport or Other I	D ata			
	NOTICE OF INT	CENTION T	· O.	- Our	OCCOUENT D			
252520115	NOTICE OF IN				BSEQUENT R			
	ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO					_		
	ILY ABANDON	CHANGE PLA		i i	RILLING OPNS.	P AND A		
	TER CASING	MULTIPLE CO	OMPL .	CASING/CEMEN	NT JOB ∐			
DOWNHOLE	COMMINGLE							
OTHER:				OTHER:	Completion Oper	ations	\boxtimes	
	proposed or completed on proposed work). SE							
completio	on or recompletion.			-			-	
0/12/11 +0 0/1	0/11 MIDITWELL To	st ong to 4500#	Ok Class days	to 12000? Circula	oto vvoll alann			
	9/11 MIRU WSU. Tes 8/11 Perforate Bone Sp					and & 2415011	aal fluid	
	0/22/11 Drill out all fra			2 gai / 1/2/0 aciu, 1	1ac w/3024762# 56	.11d & 2413911	gai muid.	
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I hereby certif	y that the information a	bove is true and	d complete to the	best of my knowled	ge and belief.			
SIGNATURE	Stor	 und	TITLE:	Regulatory Analyst		DATE: _	11/1/11	
Type or print i	name: Stormi Davi	S	E-mail addre	ss: <u>sdavis@concl</u>	ho.com	PHONE:	(575) 748-6946	
For State Use		10	7) 75 _a	.	₹	AN 2 0 2012	
APPROVED I Conditions of	BY: // Approval (if any):	ne	TITLE_ <u>/</u>	or well	eu	_ DATE		