Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-24462 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	,	o. State on & das Lease No.
87505	TOTAL AND DEPONTS ON WELLS	7 I A STATE OF THE
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS DISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name SRO SWD
1. Type of Well: Oil Well	Gas Well Other SWD	8. Well Number
2. Name of Operator COG Operating LLC		9. OGRID Number 229137
3. Address of Operator		10. Pool name or Wildcat
2208 W. Main Street, Artesia,	NM 88210	SWD; Delaware
4. Well Location		
Unit Letter M :	660 feet from the South line and 660	feet from the West line
Section 17	Township 26S Range 28E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
Carlotte Control of the Control of t	3083' GR	3.64-3.
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRI	LLING OPNS. ☐ P AND A ☐
PULL OR ALTER CASING		T JOB 🔲
DOWNHOLE COMMINGLE		
OTHER:		dize
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.		
10/7/13 Acdz w/3000 gal 15% a	acid & 450 ball capters	
10///13 Acdz w/3000 gai 13 /// /	acid & 450 ban scalers.	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Standard	TITLE Regulatory Analyst	DATE11/4/13
Type or print name Stormi Dav	is E-mail address: sdavis@concho.d	com_PHONE: <u>575-748-6946</u>
For State Use Only	,	
APPROVED BY:	6 TITLES 157 BEPENIO	DATE 11/6/13
Conditions of Approval (if any):		