Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resour	rces Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	NM OIL CON	ISERVATURAL API NO. DISTRICT 30-015-27108
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISIO	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. FrancisFDB	2 2015 STATE FEE
District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	RECI	EIVED
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Muskegon 16 State Com
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other SWD	8. Well Number 1
2. Name of Operator		9. OGRID Number 229137
COG Op	erating LLC	
3. Address of Operator One Concho Center, 600 W Illinois	Ave, Midland, TX 79701	10. Pool name or Wildcat SWD;Cisco
4. Well Location		
Unit Letter N :	660 feet from the South line	and 1980 feet from the West line
Section 16		29E NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT,	GR, etc.)
A Company of the Comp	·	2400
12. Check A	Appropriate Box to Indicate Nature of N	Notice, Report or Other Data
NOTICE OF IN	TENTION TO:	CURCEOUENT REPORT OF
NOTICE OF IN PERFORM REMEDIAL WORK □		SUBSEQUENT REPORT OF: AL WORK
TEMPORARILY ABANDON	,	NCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	— ,	CEMENT JOB
DOWNHOLE COMMINGLE	_	
CLOSED-LOOP SYSTEM		
OTHER: OTHER: MIT		
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.		
proposed completion of recompletion.		
04/08/14 Bleed down well. Function test BOP. Hydro test tubing w/packer, all tested good. Packer set @ 8835, EOT @ 8849. Get off		
O/O tool. Circ 285 bbls packer fluid. Will perform MIT for state in the AM.		
4/00/14 Desc. 11/4/There 500 and for 20 and Condent Description 125 000 and 200/ HOL 11/10 000// 11/10/ 11/10 000//		
4/09/14 Performed MIT test, 500 psi for 30 min. Good test. Pumped 25,000 gals 20% HCL acid, 10,000# rock salt in 4 drops. Flush w/240 bbls of FW and 120 bbls of PW. RDMO.		
W/240 UUIS OI I W allu 120 UUIS OI I W. KDIVIO.		
Please see attached chart.		
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Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my kr	nowledge and belief.
	₹	
SIGNATURE -	TITLE Lead Regulatory	<u>Analyst</u> DATE <u>1/30/15</u>
SIGNATION.	THEL Leau Regulatory	/Maryst DATE 1/30/13
Type or print name Kanicia Castil	lo E-mail address: kcastillo@con	ncho.com PHONE: 432-685-4332
For State Use Only		
ADDROVED THE PROPERTY OF ALL AND	NOW TITLE COMBLAN	of occiety and all
APPROVED BY: Luther Conditions of Approval (if any):	INCO TITLE COMPLIAN	16 OFFICER DATE 2/5/15
Conditions of Approval (If any):		

