| Submit 1 Copy To Appropriate District | State of New Me | exico | Form C-103 |
|---|---------------------------------------|--------------------|--------------------------------------|
| Office District I – (575) 393-6161 | RECEIVEDnergy, Minerals and Natu | ral Resources | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. |
| District II - (575) 748-1283 | OIL CONSERVATION | DIVISION | 30-015-24776 |
| District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 JUN 2 2 2018 1220 South St. Francis Dr. | | | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | STATE S FEE |
| District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa STRIC | Santa Fe, NM 87 | /505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa FC, NW 87505 | · · · · · · · · · · · · · · · · · · · | ŀ | B-2071 |
| | OTICES AND REPORTS ON WELLS | <u></u> | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | NG Phillips State |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | 8. Well Number 36 |
| PROPOSALS.) | | | 8. Well Number 50 |
| 1. Type of Well: Oil Well Gas Well Other | | | O COND N I |
| 2. Name of Operator | | | 9. OGRID Number |
| COG Operating, LLC | | | 229137 10. Pool name or Wildcat |
| 3. Address of Operator | | | |
| 600 W. Illinois Ave, Midland, TX 79701 | | | Artesia;Qn-Grbg-SA |
| 4. Well Location | | | |
| Unit Letter P: 335 feet from the S line and 330 feet from the E line | | | |
| Section 27 | Township 17S F | Range 28E | NMPM County Eddy |
| | 11. Elevation (Show whether DR, | RKB, RT, GR, etc.) | |
| | 3666' GR | • | |
| | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| 12. Check Appropriate box to indicate Nature of Notice, Report of Other Data | | | |
| NOTICE OF | INTENTION TO: | SUBS | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | | REMEDIAL WORK | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS ☐ P AND A | | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | |
| | | | |
| CLOSED-LOOP SYSTEM | | | |
| OTHER: | | OTHER: | П |
| 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. | | | |
| | | | |
| 06/07/18 MIRU plugging equipment. POH w/ 113 rods & pump. Dug out cellar. Circulated hole to kill well. ND well head, NU | | | |
| BOP. POH w/90 jts of tbg. 06/08/18 Circulated hole w/ Brine H20 to kill well. RIH W/5 1/2" CIBP to 2395', Circulated hole w/ | | | |
| MLF. Pressure tested csg, held 500 psi. Spotted 25 sx class C cmt @ 2395-2142'. WOC. 06/11/18 Tagged plug @ 2145'. Spotted 25 | | | |
| sx class C cmt @ 850-597'. WOC. Tagged plug @ 595'. Perf'd csg @ 550', pressured up on perfs to 1500 psi. Bled of well. Spotted | | | |
| 25 sx class C cmt @ 595-342'. WOC. Tagged plug @ 342'. Perf'd csg @ 200' per NM OCD's request. Sqz'd 120 sx class C cmt @ | | | |
| 200' & circulated to surface. WOC. 06/12/18 Tagged plug @ 210'.Circ'd hole w/ brine. Pressure tested csg, held 1000 psi & then | | | |
| dropped to 0 psi. Sqz'd 50 sx class C cmt into existing holes @ 210' & circulated to surface. WOC. Verified cmt to surface. Rigged | | | |
| down and moved off. 06/15/18 Moved in backhoe and welder. Dug out cellar. Cut off well head. Verified cmt to surface. Welded | | | |
| on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, moved off. | | | |
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| Spud Date: | Rig Release Da | ate. | |
| Spud Bate. | Rig Release De | | |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| ، ما | | | |
| SIGNATURE TITLE REGULATORY Advisor DATE (2/19/18 | | | |
| | | | |
| Type or print name Kanica (astillo E-mail address: Klastillo Conche Com PHONE: 432-685-4332 | | | |
| For State Use Only | | | |
| | | | |
| APPROVED BY: DATE 6-22-18 | | | |
| Conditions of Approval (if any): | | | |
| 11 | | | |