

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
RECEIVED

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 JUL 18 2018
 1220 S. St. Francis Dr.
 Santa Fe, NM 87505
DISTRICT II-ARTESIA O.C.D.

SUNDRY NOTICES AND REPORTS ON WELLS (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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-20684
2. Name of Operator COG Operating, LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		6. State Oil & Gas Lease No. B-2130
4. Well Location Unit Letter D : 660 feet from the N line and 660 feet from the W line Section 16 Township 17S Range 30E NMPM County Eddy		7. Lease Name or Unit Agreement Name ETZ State Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3683' GR		8. Well Number 102
9. OGRID Number 229137		10. Pool name or Wildcat GRBG-Jackson, SR-Q-GRBG-SA

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

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

06/28/18 MIRU plugging equipment. POH w/ 154 3/4" rods & pump. 06/29/18 Dug out cellar, ND well head, NU BOP. POH w/ 3800' of tbg. Notified Gilbert Cordero w/ NM OCD og no existing plug @ 2865'. Set 5 1/2" CIBP @ 2835' per Gilbert Cordero's request. Spotted 25 sx class C cmt @ 2835-3593'. WOC. 07/02/18 Tagged plug @ 2670'. Set 5 1/2" CIBP @ 2506'. Circulated hole w/ MLF, circ'd out of 8 5/8" csg. Spotted 60 sx class C cmt w/ 2% CACL @ 2506-1928'. WOC. Tagged plug @ 1928'. Tried pressure tested csg, could not pressure up on the 8 5/8" csg. 07/03/18 Set 5 1/2" packer @ 32'. Isolated holes in casing from 20'-surface. Perf'd csg @ 1100'. Sqz'd 50 sx class C cmt w/ 2% CACL @ 1100-900'. WOC. Tagged plug @ 780'. Perf'd csg @ 850'. ND BOP. Established injection rate but would not circulate. Sqz'd 25 sx class C cmt @ 850-200'. WOC. 07/05/18 Tagged plug @ 180'. Perf'd csg @ 180'. Sqz'd 25 sx class C cmt w/ 2% CACL & LCM @ 180' & displaced to 100'. WOC. Tagged plug @ 100'. Perf'd csg @ 100'. Sqz'd 25 sx class C cmt w/ 2% CACL @ 100' & displaced to 80'. WOC. Tagged plug @ 50'. Perf'd csg @ 50'. Sqz'd 25 sx class C cmt & Displaced to 40'. WOC. 07/06/18 Tagged plug @ 36'. Spotted 25 sx class C cmt @ 36' to surface. Verified cmt in the 5 1/2 & 8 5/8" annulus. Riggged down and moved off. 07/11/18 Moved in backhoe and welder. Dug out cellar. Cut off well head. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, & moved off.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE:  TITLE: Regulatory Advisor DATE: 7/16/18
 Type or print name: Kanaie Castillo E-mail address: KCastillo@cnrnm.com PHONE: 432-685-4332
For State Use Only

APPROVED BY:  TITLE: Staff mgr DATE: 7-18-18
 Conditions of Approval (if any):