

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

Form C-103
 Revised July 18, 2013

RECEIVED
 APR 19 2019
 OIL CONSERVATION DIVISION
 DISTRICT II-ARTESIA O.C.D.

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-25513
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2071
7. Lease Name or Unit Agreement Name NG Phillips State
8. Well Number #38
9. OGRID Number 229137
10. Pool name or Wildcat Artesia, QN-GRBG-SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3565' GR

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 Gas Well Other

2. Name of Operator
COG Operating, LLC

3. Address of Operator
2208 W Main Street Artesia NM 88210

4. Well Location
 Unit Letter **F** : **2272** feet from the **N** line and **1750** feet from the **W** line
 Section **27** Township **17S** Range **28E** NMPM County **Eddy**

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

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

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.

04/04/19 MIRU plugging equipment. POH w/ rods & pump. Dug out cellar. NU BOP. Pump'd 30 BBLs H2O to kill well. POH w/ tbg. Set 5 1/2" CIBP @ 1900'. 04/05/19 Circulated hole w/ salt gel. Pressure tested csg, held 500 PSI. Spotted 25 sx class C cmt @ 1900-1650'. WOC. Tagged plug @ 1645'. Spotted 25 sx class C cmt @ 900-650'. WOC. 04/08/19 Tagged plug @ 620'. Perf'd csg @ 555'. Pressured up on perfs to 500 PSI. Spotted 25 sx class C cmt @ 620-370'. WOC. Tagged plug @ 350'. Perf'd csg @ 100'. Squeezed 95 sx class C cmt @ 100' & circulated to surface. Rigg'd down & moved off. 04/09/19 Moved in backhoe and welder, dug out cellar, cut off well head, and Gilbert Cordero w/ NM OCD verified cement to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms. www.emnrd.state.nm.us/oed.

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 Technician

DATE 4/16/19

Type or print name Delilah Flores

E-mail address: dflores2@concho.com

PHONE: 575-748-6946

For State Use Only

APPROVED BY:

TITLE

Staff mg

DATE

4/25/19

Conditions of Approval (if any):