

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

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

|   |
|---|
| WELL API NO.<br><b>30-015-24564</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>B-2071</b>   |
| 7. Lease Name or Unit Agreement Name<br><b>NG Phillips State</b>                                    |
| 8. Well Number <b>#34</b>   |
| 9. OGRID Number<br><b>229137</b>  |
| 10. Pool name or Wildcat<br><b>Artesia, QN-GRBG-SA</b>  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3595' GR</b>                               |

|   |  |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>  |  |
| 2. Name of Operator<br><b>COG Operating, LLC</b>  |  |
| 3. Address of Operator<br><b>600 W. Illinois Ave, Midland, TX 79701</b>   |  |
| 4. Well Location<br>Unit Letter <b>H</b> : <b>1725</b> feet from the <b>N</b> line and <b>330</b> feet from the <b>E</b> line<br>Section <b>27</b> Township <b>17S</b> Range <b>28E</b> NMPM County <b>Eddy</b> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3595' GR</b>   |  |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☒  
CASING/CEMENT JOB ☐  
OTHER: ☐

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.

06/14/19 MIRU plugging equipment. POH w/ rods & pump. 06/17/19 Dug out cellar. Pump'd 15 BBLs Brine to kill well. NU BOP. POH w/ tbg. Set 5 1/2" CIBP @ 1955'. Circulated hole w/ salt gel. Pressure tested csg, held 500 PSI. Spotted 25 sx class C cmt w/ 2% CACL @ 1955-1705'. WOC. Tagged plug @ 1700'. Spotted 25 sx class C cmt @ 900-650'. WOC. 06/18/19 Tagged plug @ 615'. Perf'd csg @ 573'. Pressured up on perfs. Spotted 70 sx class C cmt @ 615' & circulated to surface (per Gilbert Cordero w/ NM OCD request). Rigged down & moved off. 06/18/19 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.

RECEIVED

JUN 24 2019

Spud Date:

Rig Release Date:

DISTRICT II-ARTESIA O.C.D.

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

SIGNATURE  TITLE Regulatory Technician

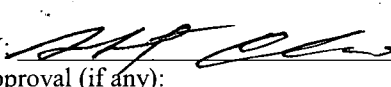
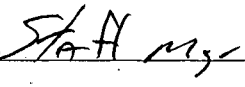
DATE 6/21/2019

Type or print name Delilah Flores

E-mail address: [dflores2@concho.com](mailto:dflores2@concho.com)

PHONE: 575-748-6940

For State Use Only

APPROVED BY:  TITLE  DATE 6/25/19

Conditions of Approval (if any):