

RECEIVED

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240

Energy, Minerals and Natural Resources

Revised July 18, 2013

District II - (575) 748-1283
811 S. First St., Artesia, NM 88210

NOV 19 2019

OIL CONSERVATION DIVISION

District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II-ARTESIA CO.

1220 South St. Francis Dr.

District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

Santa Fe, NM 87505

WELL API NO.	30-015-45534
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	SRO 5 State Com
8. Well Number	507H
9. OGRID Number	229137
10. Pool name or Wildcat	Delaware River; Bone Spring

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 B : 314 feet from the North line and 1490 feet from the East line
Section 5 Township 26S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3009' GR

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 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: Completion Operations <input checked="" 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.

5/7/19 Test annulus to 1500# for 30 mins. Good test. Set CBP @ 18,178'. Test to 8,515#. Good Test.

8/10/19 to 8/20/19 Perf 8,240 - 18,153' (1400). Acdz w/ 150,948 gal 7-1/2%; frac w/ 20,076,319 #sand & 16,402,722 gal fluid.

8/30/19 to 9/1/19 Drill out CFP's. Clean down to CBL @ 18,178'.

9/2/19 to 9/3/19 Set 2 7/8" 6.5# L-80 tbg @ 7,437' & pkr @ 7,427'. Installed gas lift system.

10/13/19 Began flowback & testing. Date of first production.

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 Amanda Avery TITLE: Regulatory Analyst DATE: 11/7/19
Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY: [Signature] TITLE: Staff Mgr DATE: 11/20/19
Conditions of Approval (if any):

VAB