

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr, Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd, Aztec, NM 87410
District IV
1220 S St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

APR 20 2009

Form C-103
May 27, 2004

RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
APR 16 2009
MOBBSOCD

WELL API NO.	015 30-025-21508
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	S.T. State
8. Well number	2
9. OGRID Number	229137
10. Pool name or Wildcat	Loco Hills (Q.G. S.A.)

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
C.O.G Operating LLC

3. Address of Operator
550 W. Texas Ste. 1300 Midland, TX 79701

4. Well Location
Unit Letter H : 1650 feet from the North line and 990 feet from the East line
Section 32 Township 18-S Range 29-E NMPM County Lea

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

Pit or Below-grade Tank Application ☒ or Closure ☐

Pit type STEEL Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water N/A

Pit Liner Thickness: STEEL mil Below-Grade Tank: Volume _____ bbls; Construction Material STEEL

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"/>	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SEE ATTACHED CURRENT & PROPOSED WELLBORE DIAGRAMS

- 1) 3/17/2009 Set 4 1/2" CIBP@ 1872' Circ holes w/mud Spot 100sks cmt tag @ 364'
- 2) 3/19/2009 Drill out cmt to 1035'
- 3) 3/20/2009 Perf 4 holes @ 1035' set pkr @ 500'Squeeze 70sks cmt @ 1035' tag plug @ 695'
- 4) 3/23/2009 Perf 4 holes @ 361' pump 200sks cmt from 361' to surface out of 8 5/8" csg leave 4 1/2" full of cmt
- 5) 3/23/2009 Install Dry Hole Marker

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE P & A SUPV. DATE 3/27/09

Type or print name

For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE 4/21/09

Conditions of Approval (if any):

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.