| Submit 1 Copy To Appropriate District Office | State of New Mexico Energy, Minerals and Natural Resources | | Form C-103 / October 13, 2009 |
|---|--|---------------------------------|--|
| District 1 1625 N. French Dr., Hobbs, NM 88240 | Emology, Mamorais and Matural Resources | | WELL API NO. |
| District II 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-015-37533 |
| District III | 1220 South St. Francis Dr. | | 5. Indicate Type of Lease STATE FEE |
| 1000 Rio Brazos Rd , Aztec, NM 87410 District IV | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | ŕ | | 0. 0 0 0 0 0 0 0 0 |
| 87505 SUNDRY NOT | TICES AND REPORTS ON | WELLS | 7. Lease Name or Unit Agreement Name |
| | | ~ | , , , , , , , , , , , , , , , , , , , |
| DIFFERENT RESERVOIR. USE "APPL PROPOSALS.) | ICATION FOR PERMIT" (FORM | | G J West Coop Unit |
| 1. Type of Well: Oil Well | Gas Well Other | MAR 1 5 2010 | 8. Well Number 254 |
| 2. Name of Operator | | 9. OGRID Number | |
| COG Operating LLC. 3. Address of Operator | | NMOCD ARTESIA | 229137 10. Pool name or Wildcat 97558 |
| 550 W. Texas Ave. Ste. 100. Midland, Tx 79701 | | GJ; 7RVS-QN-GB-Glorieta-Yeso | |
| 4. Well Location | | | |
| Unit Letter <u>G</u> : | <u>1650'</u> feet from the _ | North line and 2 | 290' feet from the <u>East</u> line |
| Section 21 | Township 17S | | NMPM County EDDY |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 3601' GR | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A | | | |
| PULL OR ALTER CASING | | ☐ CASING/CEMEN | |
| DOWNHOLE COMMINGLE | | | _ |
| OTHER: Can | cel APD | ☑ OTHER: | П |
| 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. | | | |
| COG Operating LLC respectfully requests the OCD to cancel the | | | |
| APD for GJ West Coop Unit #254 | | | |
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| Spud Date: | Rig R | elease Date: | |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| | | | |
| SIGNATURE OD | TITLI | E <u>Regulatory Ana</u> | lyst DATE <u>03-12-2010</u> |
| | | | |
| Type or print name Robyn O For State Use Only | dom E-mail add | lress: <u>rodom@conchoresor</u> | urces.com PHONE: 432-685-4385 |
| For State Ose Only | | | |
| APPROVED BY: | TITLE | (redon's | DATE 3/16/200 |
| Conditions of Approval (if any). | | —) | -, -, |
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