Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources			October 13, 2009
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 882	OIL CONSERVATION DIVISION		30-015-38257	
District III	1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE 6. State Oil & Gas	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 C, 14141 07303		6. State Off & Gas	s Lease No.
87505				
	OTICES AND REPORTS ON WELLS		7. Lease Name or	Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			SRO State Unit	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well	Gas Well Other		o. Well Number	17H
2. Name of Operator		9. OGRID Number		
COG Operating LLC			229137	
3. Address of Operator			10. Pool name or Wildcat	
2208 W. Main Street, Artesia, NM 88210			Hay Hollow; Bone Spring	
			Tray fronow, Bone Spring	
4. Well Location				
Unit LetterD		th line and	feet from th	
Section 9	Township 26S	Range 28E		Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3039'				
12. Check Appropriate Box	to Indicate Nature of Notice, Re	eport or Other Da	ata	
NOTICE OF	INTENTION TO:	l cup	CECHENT DE	OODT OF:
NOTICE OF INTENTION TO: SUBSEQUEN				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORLD				ALTERING CASING P AND A
TEMPORARILY ABANDON				P AND A
		CASING/CLIVILIN	1305	
	<u> </u>			_
OTHER:		OTHER:	Set Tubing and Pac	
	eted operations. (Clearly state all perti			
completion or recompletion.	SEE RULE 19.15.7.14 NMAC. For	Multiple Completio	ons: Attach wellbore	diagram of proposed
completion of recompletion.				
3/22/11 to 3/25/11 Set 2 7/8" 6.5	5# J-55 tbg @ 6216'. Set packer @ 61	91'.	_	
RECEIVE				
RECEIVED APR 05 2011				
APP AT 2011				
7 1 V 3 2011				
			NMOCD A	D
			LAMOUD A	HTESIA
Spud Date: 11/2	9/10 Rig Release D	ate:	12/21/10	
P				
I hereby certify that the informat	on above is true and complete to the b	est of my knowledg	ge and belief.	***************************************
SIGNATURE TITLE: Regulatory Analyst DATE: 3/28/11				
Type or print name: Stormi	Davis E-mail addres	s: <u>sdavis@conch</u>	oresources.com	PHONE: (575) 748-6946
-				
For State Use Only	1 01	Field Sunand	00*	
APPROVED BY: Outle Hory TITLE Field Supervisor DATE 4-18-11				
Conditions of Approval (if any):				
				P