| Submit 1 Copy To Appropriate District Office | State of New Mexico | | | Form C-103 | |
|--|---|-------------------------|--------------------------------------|--------------------|--|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | | Revised July 18, 2013 | | |
| 1625 N. French Dr., Hobbs, NM 88240 | <u>et II</u> - (575) 748-1283 OIL CONSERVATION DIVISION | | WELL API NO. | 10010 110142 | |
| 811 S. First St., Artesia, NM 88210 | | | 30-025- | | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Francis Dr. | | 5. Indicate Type of Les | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | | 6. State Oil & Gas Lea | FEE | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | 23 2 3, 2 3 2 3, 2 | | 0. State Off & Gas Lea | ise No. | |
| 87505 | | | | | |
| SUNDRY NOTICES 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | Macho Nacho 7 State SWD | | |
| PROPOSALS.) | ` ' | | | | |
| 1. Type of Well: Oil Well | Gas Well Other SWI | 8. Well Number | | | |
| 2. Name of Operator | | | 9. OGRID Number | | |
| 2. Name of Operator COG Operating LLC | MAY | 7 2 1 2015 | 9. OGRID Number 2291 | 37 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | | |
| 2208 W. Main Street, Artesia, | NM 88210 | | SWD; Bell Canyon | | |
| 4. Well Location | | ECHAED | | | |
| Unit Letter F: 2000 feet from the North line and 2200 feet from the West line | | | | | |
| Section 7 | | ange 33E | | ea County | |
| Section / | 11. Elevation (Show whether DR | | | Sa County | |
| | 3597 | | , l | | |
| | | | | | |
| 12 Check | Appropriate Box to Indicate N | lature of Notice | Report or Other Data | 1 | |
| | | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | K 🗌 ALT | ERING CASING 🗌 | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRI | ILLING OPNS. 🔲 🛮 P AN | ND A | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | T JOB 🔲 | | |
| DOWNHOLE COMMINGLE | | ļ. | | | |
| CLOSED-LOOP SYSTEM | | | | | |
| OTHER: | | OTHER: | Completion Operation | | |
| 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. | | | | | |
| | | | | | |
| 4/21/15 to 4/24/15 MIDIL Close d | lown to TD @ 7295' DIU w/thg to | 7295' & amot 7000 | cal 7.140% anid | | |
| 4/21/15 to 4/24/15 MIRU. Clean down to TD @ 7385'. RIH w/tbg to 7385' & spot 7000 gal 7 1/2% acid. | | | | | |
| 4/28/15 to 4/29/15 Set 4 1/2" 11.6# | | 290'. Load & test c | sg to 1000# for 30 mins. | Good test. | |
| Circ well w/300 bbls pkr fluid. Tes | t csg to 1500#. Good test. | | | | |
| 4/30/15 Pressure csg to 500# for 30 |) mins. Test witnessed by Mark Wh | nitaker (NMOCD). | Well is shut-in while buil | ding battery. | |
| (Chart attached) | | | necomp Au | u new wen | |
| Injection interval is 5342-7385' OH | (Order SWD 1523) | | Cancl Well (| Create Pool | |
| Injection interval is 3342-7365 Off | (Older 3 W D-1323) | | E-PERMITTING I | | |
| _ | | | Comp PM P&A_ | TA A. | |
| | | | Company rex | DOO REDME | |
| I hereby certify that the information | above is true and complete to the b | est of my knowledg | e at A | IN NOW TAKE | |
| <i>(</i> , |) _ | | | | |
| SIGNATURE The state of the stat | TITLE: | Regulatory Analyst | DATE | : <u>* 5/15/15</u> | |
| Type or print name: Stormi Da | vis E-mail addres | ss: <u>sdavis@conch</u> | o.com PHON | IE: (575) 748-6946 | |
| For State Use Only | | | | | |
| ADDROVED BY BOOK | . A Trime C | St. A Maria | A 4 - DATE | 10/4/2015 | |
| APPROVED BY: Conditions of Approval (if any): | namar TITLE o | MAIN MANO | ge DATE_ | <u> </u> | |
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| | | | JUN 0 9 2015 | ; h | |
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