

Submit a Copy To Appropriate District  
Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-015-40867</b>
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 <b>State GQ Com</b>
8. Well Number <b>#3H</b>
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>Hay Hollow; Bone Spring, North</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>' GR</b>

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator <b>COG Operating, LLC</b>	
3. Address of Operator <b>2208 W. Main Street Artesia, NM 88210</b>	
4. Well Location Unit Letter <b>A</b> : <b>330</b> feet from the <b>N</b> line and <b>380</b> feet from the <b>E</b> line Section <b>7</b> Township <b>25S</b> Range <b>28E</b> NMPM County <b>Eddy</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>' GR</b>	

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 checked="" 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: <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/06/24 - MIRU plugging equipment.

08/07/24 - Began POH w/ rods. Pumped 100 bbls brine H2O to place backside of well & tbg on vacuum. Finished POH w/ rods & pump.

08/08/24 - Dug out cellar. Bled off pressure to flowback. Pumped 100 bbls 10# Brine H2O down tbg & placed well on vacuum. ND wellhead, NU BOP.

08/09/24 - POH w/ 2 7/8 tbg, anchor, seat nipple, slotted joint, and bull plug.

08/12/24 - Set pkr @ 31'. Pressure tested csg to 600psi. Bled down to 300psi. No visible leaks on wellhead or BOP. RU WL & set 5 1/2" CIBP @ 7270'.

08/13/24 Pumped 82 bbls brine H2O. Pressure tested csg, held 500 PSI for 30 mins. Bled off well. RU 3<sup>rd</sup> party wireline. Ran CBL to 7270' to surface.

\*\*\*Continued on page 2\*\*\*

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 \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

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11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>' GR</b>		9. OGRID Number <b>229137</b>
		10. Pool name or Wildcat <b>Hay Hollow; Bone Spring, North</b>

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08/14/24 - Tagged CIBP @ 7270'. Spotted 25 sx class H cmt @ 7270' & displaced to 7066'. Spotted 25 sx class H cmt @ 5499' & displaced to 5245'. Spotted 41 sx class C cmt @ 3933-2144'. WOC.

08/15/24 - Tagged plug @ 2201'. Spotted 25 sx class C cmt w/ 2% CACL @ 967-713'. WOC & tagged @ 749'. Perf'd @ 470'. Sqz'd 166 sx class C cmt @ 470' & circulated to surface.

08/16/24 - RDMO.

08/22/24 - Moved in backhoe & welder. Cut off wellhead. Verified cmt at surface. Installed an above ground DHM & 2' concrete form w/ 6 sx cmt. Cut off anchors, backfilled cellar, cleaned location, & moved off.

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 Ruth Shockency TITLE Regulatory Coordinator DATE 9/4/2024

Type or print name Ruth Shockency E-mail address: ruth.shockency@conocophillips.com PHONE: 575-703-8321

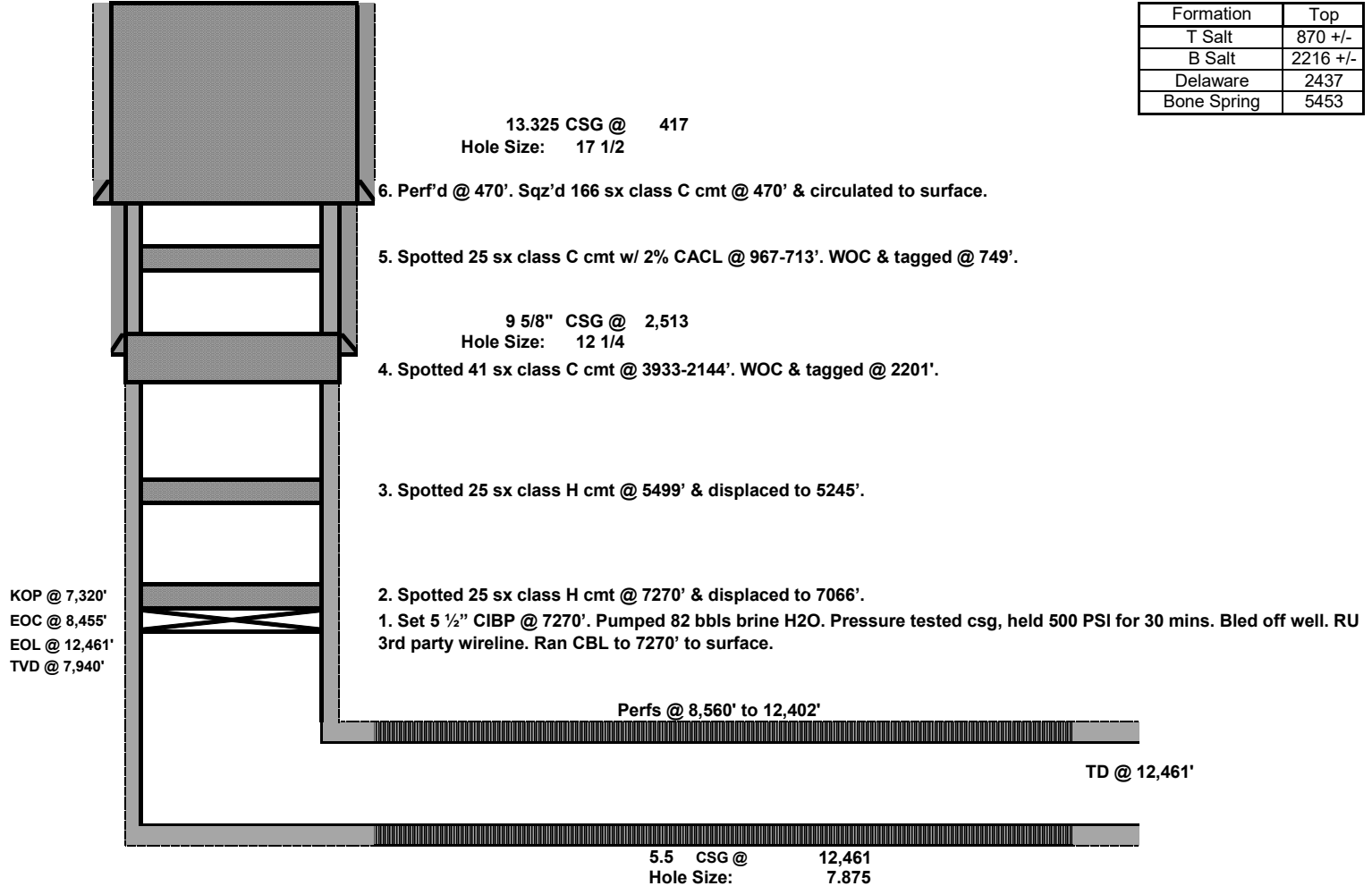
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

COG Operating		PLUGGED	
Author:	Abby @ JMR	Well No.	3H
Well Name	State GQ Com	API #:	30-015-40867
Field/Zone	Hay Hollow Bone Spring N	Location	330' FNL & 380' FEL
County	Eddy		Sec 7, T25S R28E
State	NM	GL/KB:	3041'3066'
Spud Date	1/11/2013		

Description	O.D.	Grade	Weight	Depth	Hole	Cmt Sx	TOC
Surface Csg	13.325	J55	48	417	17 1/2	480	Surf
Inter Csg	9.625	J55	36	2,513	12 1/4	750	Surf
Prod Csg	5.5	P110	17	12,461	7 7/8	2,410	Surf

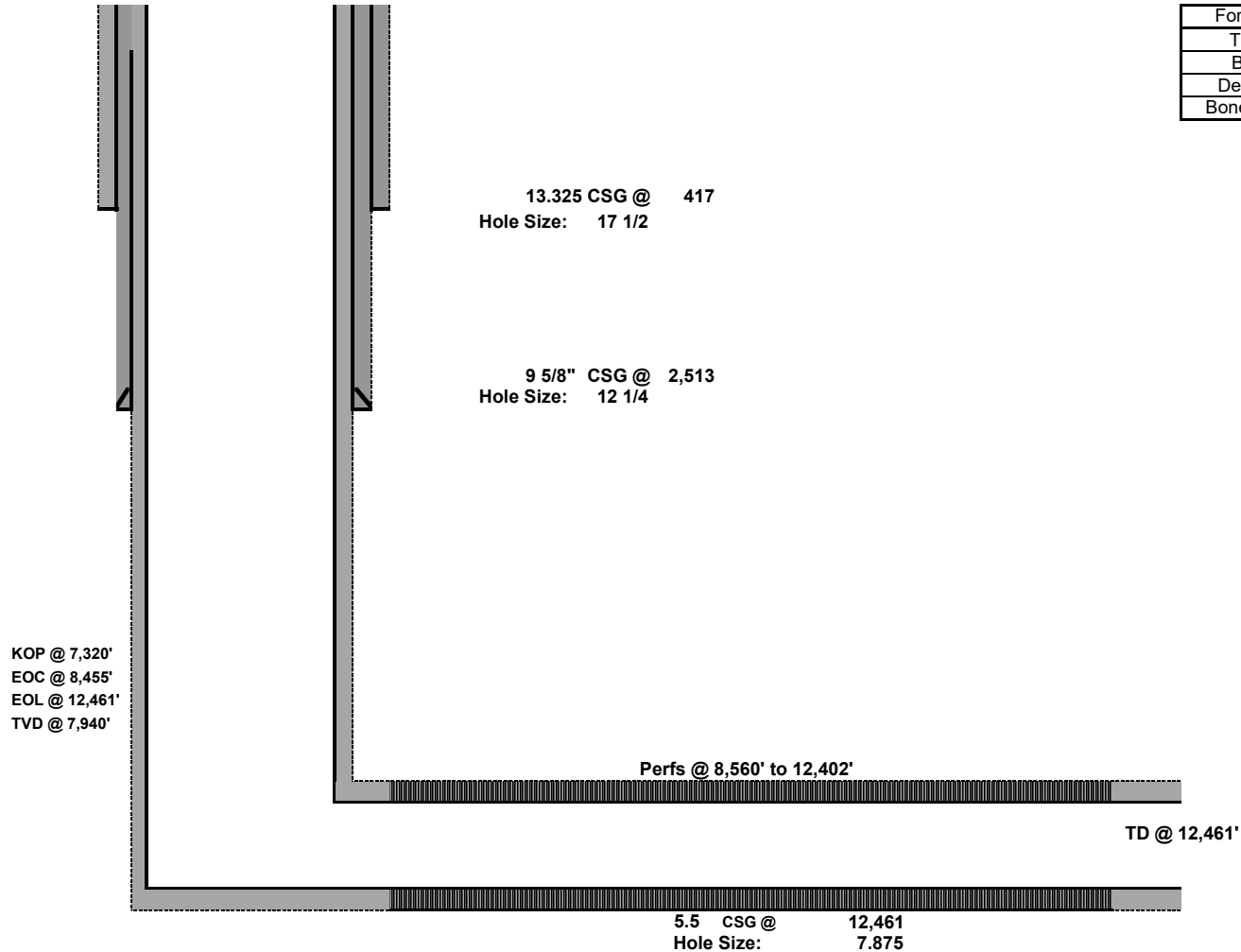
Formation	Top
T Salt	870 +/-
B Salt	2216 +/-
Delaware	2437
Bone Spring	5453



COG Operating			CURRENT	
Author:	JJC	Well No.	3H	
Well Name	State GQ Com	API #:	30-015-40867	
Field/Zone	Hay Hollow Bone Spring N	Location	330' FNL & 380' FEL	
County	Eddy		Sec 7, T25S R28E	
State	NM	GL/KB:	3041'/3066'	
Spud Date	1/11/2013			

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Inter Csg	9.625	J55	36	2,513	12 1/4	750	Surf
Prod Csg	5.5	P110	17	12,461	7 7/8	2,410	Surf

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CONDITIONS

Action 384148

CONDITIONS

Operator: COG OPERATING LLC 600 W Illinois Ave Midland, TX 79701	OGRID: 229137
	Action Number: 384148
	Action Type: [C-103] Sub. Plugging (C-103P)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	10/24/2024