Rec'd 04/29/2020 - NMOCD

| Office Submit One Copy To Appropriate District | State of New Mexico | | Form C-103 | |
|--|---|------------------------------|--|-----------------------|
| District I | Energy, Minerals and Natural Resources | | Revised November 3, 2011 | |
| 1625 N. French Dr., Hobbs, NM 88240 | ch Dr., Hobbs, NM 88240 | | WELL API NO. 30-015-22894 | |
| 811 S. First St., Artesia, NM 88210 | District II 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease | |
| District III 1220 South St. Francis Dr. | | STATE 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 | | | o. State on & Sus Leas | 30110. |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS | | | 7 1 N 11 ' | A (N) |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name or Unit State GQ Com 1 SWD | Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | 8. Well Number | |
| PROPOSALS.) 1. Type of Well: □ Oil Well □ Gas Well ☒ Other SWD | | | 1 | |
| 2. Name of Operator | | | 9. OGRID Number | |
| COG Operating LLC | | | 229137 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| 2208 W Main Artesia NM 88210 | | SWD; Delaware | | |
| | | | · | |
| 4. Well Location | | | • | |
| Unit Letter J: 1980 feet from | n the <u>South</u> line and <u>1980 feet f</u> | rom the East line | | |
| Section 7 Township 25S Range 28E NMPM County Eddy | | | | |
| | 11. Elevation (Show whether D | | .) | |
| | 3070'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 WORI | | | | RING CASING |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRI | | | | |
| PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMEN | | Т ЈОВ □ | | |
| | _ | | | |
| OTHER: Description Descri | | | | |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. | | | | |
| A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the | | | | |
| <u> </u> | | | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR | | | | |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR | | | | |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE. | | | | |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. Flow lines not removed - riser not removed | | | | |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. | | | | |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with | | | | |
| OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed | | | | |
| from lease and well location. trash on location, in brush and in pasture not removed | | | | |
| All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have | | | | |
| to be removed.) Buried plastic liner not removed | | | | |
| All other environmental concerns have been addressed as per OCD rules. | | | | |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines. Concrete pieces not removed | | | | |
| | | | nd lines have been removed | d from lease and well |
| If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure. | | | | |
| | | | | |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | | |
| | | | | |
| SIGNATURE Delilah Flor | AS TITLE: | Regulatory Tech | DATE: 4/29/2 | 2020 |
| | 111141, | | 21111. 1/2/12 | |
| TYPE OR PRINT NAME: Delilah Flo | res E-MAIL: dfle | ores2@concho.com | PHONE: 575-30 |)8-7264 |
| For State Use Only | | | | |
| A DDD OVED DAY | DENIE | D | . | TE 5/7/2020 |
| APPROVED BY: Conditions of Approval (if any): | DENIE | | DA | TE 5/7/2020 |
| Conditions of Approvar (II ally). | | | | |