| Submit One Copy To Appropriate District<br>Office   | 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   | <u>.                                     </u>   |  | WELL API NO.                                |
| District II   | OIL CONSERVATION I  | 111/15/1/18  | 30-015-22434                                |
| 811 S. First St., Artesia, NM 88210<br>District III   | 1220 South St. Francis Dr.  |  | 5. Indicate Type of Lease                   |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | 00 Rio Brazos Rd. Aztec NM 87410  |  | STATE ☑ FEE □                               |
| <u>District IV</u> Santa Fe, NM 8/505   |   | 005  | 5. State Oil & Gas Lease No.                |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |   |  |   |
|   | CES 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   |   |  | Myox 21 SWD                                 |
| DIFFERENT RESERVOIR. USE "APPLICA   |   | CUCII  | 3. Well Number                              |
| PROPOSALS.)   | S W 11 D 04   |  | 1   |
| 1. Type of Well: ⊠Oil Well □ (  | Jas Well Uther  |  |   |
| 2. Name of Operator   |   |  | O. OGRID Number                             |
| COG Operating LLC   |   |  | 229137                                      |
| 3. Address of Operator  | 2208 W Main Artesia NM 88210  |  | 10. Pool name or Wildcat                    |
|   |   |  | SWD; Dela ware                              |
| 4. Well Location  |   |  |   |
| Unit Letter E: 1980 feet from the North line and 660 feet from the West line  |   |  |   |
| Section 21 Township 25S Range 28E NMPM County Eddy  |   |  |   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |  |   |
|   | 2994' GR  | (KKD, K1, OK, cic.)  |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |   |  |   |
| 12. Check Appropriate Box to  | indicate Nature of Notice, Re   | sport or Other Da  | ıa  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |   |  |   |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING  |   |  |   |
|   |   |  |   |
|   |   |  |   |
| TOLE ON ALTER ORGING  | MOETH EE OOM E  | O/ IOII TO/ OEIVIEIT T                                       |   |
| OTHER:  |   | □ Location is read   | dy for OCD inspection after P&A             |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.   |   |  |   |
|   | led and leveled. Cathodic protection  |  |   |
| A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the  |   |  |   |
| C C C C C C C C C C C C C C C C C C C   |   |  |   |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR   |   |  |   |
| <u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u>  |   |  |   |
| 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.   |   |  |   |
| 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.   |   |  |   |
| All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have  |   |  |   |
| to be 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.   |   |  |   |
|   |   |  |   |
| ☐ If this is a one-well lease or last i   |   | al service poles and   | lines have been removed from lease and well |
|   |   | al service poles and   | lines have been removed from lease and well |
| ☐ If this is a one-well lease or last a location, except for utility's distribution   | ion infrastructure.   | -  |   |
| ☐ If this is a one-well lease or last i   | ion infrastructure.   | -  |   |
| ☐ If this is a one-well lease or last a location, except for utility's distribution   | ion infrastructure.   | -  |   |
| ☐ If this is a one-well lease or last r location, except for utility's distribution. When all work has been completed, re   | ion infrastructure. eturn this form to the appropriate D  | -  |   |
| ☐ If this is a one-well lease or last a location, except for utility's distribution   | eturn this form to the appropriate D  | istrict office to sched                                      | dule an inspection.                         |
| ☐ If this is a one-well lease or last r location, except for utility's distribution. When all work has been completed, respectively.  | eturn this form to the appropriate D  | -  |   |
| ☐ If this is a one-well lease or last r location, except for utility's distribution. When all work has been completed, respectively.  | eturn this form to the appropriate D  | istrict office to sched                                      | dule an inspection.                         |
| ☐ If this is a one-well lease or last r location, except for utility's distribution. When all work has been completed, resident and the state of th | eturn this form to the appropriate D  | istrict office to sched                                      | dule an inspection.  DATE: 3/19/2020        |
| ☐ If this is a one-well lease or last I location, except for utility's distribution. When all work has been completed, results of the state of the  | eturn this form to the appropriate D  TITLE: Reflections  To the description of the appropriate D  To the appropriate D  To the appropriate D  TITLE: Reflection of the appropriate D | istrict office to sched<br>egulatory Tech<br>res2@concho.com | DATE: 3/19/2020 PHONE: 575-748-6946         |
| ☐ If this is a one-well lease or last I location, except for utility's distribution. When all work has been completed, results of the state of the  | eturn this form to the appropriate D  | istrict office to sched                                      | DATE: 3/19/2020 PHONE: 575-748-6946         |