Submit One Copy To Appropriate District	Ctata a CNI and Manifest E			MNRD-Rec'd: 09/30/2020		
Office	State of New Mexico					Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources			Revised November 3, 2011 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II				30-015-24884		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION				Type of Lease	
District III	1220 South St. Francis Dr.			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				NMLG 1637		
87505	EG AND DEDODE					. 37
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name New Mexico DC State		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH						
PROPOSALS.)				8. Well Number 5Y		
1. Type of Well: Oil Well Gas Well Other				9. OGRID Number		
2. Name of Operator				9. OGRID I 229137	Number	
COG Operating LLC 3. Address of Operator				10. Pool name or Wildcat		
2208 W Main Artesia NM 88210				East Millman Queen Grayburg		
				<u> </u>	- Queen Grayban	· 8
4. Well Location	41 . C 41 . 1' 1	1052 ((41 To = =4.12			
Unit Letter <u>J</u> <u>1980</u> feet from	·					
Section 18 Township 19S Range 29E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
	3369' (369)		RKB, RI, GR, etc.)			
12 Check Appropriate Roy to I			enort or Other Da	nta .		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INT	ENTION TO:		SUBS	SEQUENT	REPORT O	F:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORI					ALTERING	CASING
TEMPORARILY ABANDON						
PULL OR ALTER CASING	MULTIPLE COMPL	. 🔲	CASING/CEMENT	JOB		
OTHER						D0.4
OTHER: All pits have been remediated in order.	compliance with OC	'D rules and th	Location is rea			
☒ Rat hole and cellar have been fille						iaii.
✓ A steel marker at least 4" in diameter						
		8				
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.						
PERMANENTLY STAMP	ED ON THE MAK	KEK'S SUK	FACE.			
☐ The location has been leveled as i	nearly as possible to	original grou	nd contour and has b	een cleared o	of all junk trash	flow lines and
other production equipment.	icarry as possible to	original grou	na comoar ana mas c	con cicarca o	i un juni, musii,	no w mies una
Anchors, dead men, tie downs and	d risers have been co	ut off at least	wo feet below groun	ıd 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 Operat	or's pit permit and	closure plan.	All flow lines, produ	ction equipm	ent and junk hav	e been removed
from lease and well location.						
All metal bolts and other materials	have been removed	l. Portable ba	ses have been remov	ed. (Poured o	onsite concrete ba	ases do not have
to be removed.)	1 1 11	1 000	. 1			
✓ All other environmental concerns✓ Pipelines and flow lines have been				All fluids box	ua haan ramayad	from non
Pipelines and flow lines have been retrieved flow lines and pipelines.	ii abandoned iii acco	nuance with i	9.13.33.10 INMAC.	All Hulus Ha	ve been femoved	HOIII HOII-
☐ If this is a one-well lease or last re	emaining well on les	ase: all electri	ral service noles and	lines have be	en removed fron	n lease and well
location, except for utility's distribution		ase. an electri	car service poics and	mies nave be	an removed from	ir rease and wer
,						
When all work has been completed, re	turn this form to the	appropriate I	District office to sche	dule an inspe	ction.	
SIGNATURE Delilah Flor	es	TITLE Re	gulatory Technician		DATE 9/30/2	2020
		1112210	o j Teemmeran		2.112 7/30/2	 -
TYPE OR PRINT NAME: Delilah Flo	ores	E-MAIL: d	flores2@concho.con	<u>1</u> P	PHONE: 575-748	8-6946
For State Use Only						
ADDROVED ST. 1 34		mrmr -	Staff Ma	WADAY	- ·	10/20/2020
APPROVED BY:	el	TITLE	OLUTT MA	nuyer	DATE	10/20/2020

APPROVED BY: ______Conditions of Approval (if any):