

Submit 1 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

REC'D NMOCD
10/21/2020

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-015-42764
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 Flyswatter State
8. Well Number #3H
9. OGRID Number 229137
10. Pool name or Wildcat Wildcat; G-02 S2427030; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3258' GR

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator COG Operating, LLC	
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	
4. Well Location Unit Letter N : 190 feet from the S line and 1980 feet from the W line Section 31 Township 23S Range 27E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3258' GR	

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 type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" 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.

05/28/20 MIRU plugging equipment. ND well head, NU BIP. Dug out cellar. 05/29/20 RIH w/ tbg, tagged existing 5 1/2" CIBP @ 8618'. Circulated hole w/ MLF. Pressure tested csg, held 500 PSI. 06/01/20 Spotted 80 sx class C cmt @ 5628-5122' per Gilbert Cordero w/ NM OCD's request. Perf'd csg @ 2125'. Pressured up on perfs to 1000 PSI. Spotted 35 sx class C cmt @ 2175-1954'. WOC. 06/02/20 Tagged plug @ 2001'. Perf'd csg @ 1782'. Pressured up on perfs to 1000 PSI. Spotted 45 sx class C cmt w/ 2% CACL @ 1832-1548'. WOC. Tagged plug @ 1530'. Perf'd csg @ 590'. Pressured up on perfs to 1000 PSI. Spotted 55 sx class C cmt w/ 2% CACL @ 640-292'. WOC. Tagged plug @ 285'. Perf'd csg @ 100'. Pressured up to 1000 PSI. Spotted 20 sx class C cmt @ 150' to surface. 06/04/20 Moved in backhoe and welder, dug out cellar, cut off well head, and Gilbert Cordero w/ OCD verified cement to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

Spud Date:

Rig Release Date:

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Delilah Flores TITLE: Regulatory Technician

DATE: 6/9/2020

Type or print name: Delilah Flores

E-mail address: dflores2@concho.com

PHONE: 575-308-7264

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 10/27/2020

Conditions of Approval (if any):