

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

EMNRD-OCD ARTESIA Form C-103
 REC'D: 4/24/2020 Revised July 18, 2013

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

****AMENDED**

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| 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.) | | WELL APINO. 30-015-45890 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator COG Operating LLC | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 2208 W. Main Street, Artesia, NM 88210 | | 7. Lease Name or Unit Agreement Name Way South ST Com |
| 4. Well Location Unit Letter <u>2</u> : <u>792</u> feet from the <u>South</u> line and <u>835</u> feet from the <u>West</u> line Section <u>31</u> Township <u>26S</u> Range <u>28E</u> NMPM <u>Eddy</u> County | | 8. Well Number 709H |
| 11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) 3159' GR | | 9. OGRID Number 229137 |
| | | 10. Pool name or Wildcat Purple Sage; Wolfcamp |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| | | | |
|--|--|---|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/> | | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>Completion Operations</u> <input checked="" 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.

****ADDED MISSING DETAILS FROM PREVIOUS C-103 COMPLETION OP.**

3/9/30 – Ready date.
 3/26/20 – Begin flowback.
 4/7/20 – Date of first production

gc 4/28/2020

Accepted for record – NMOCD

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: Amanda Avery TITLE: Regulatory Analyst DATE: 4/24/2020

Type or print name: Amanda Avery E-mail address: aaavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):