

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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

<p align="center">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.)</p>		<p>WELL APINO. 30-015-46601</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other</p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator COG Operating LLC</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator 2208 W. Main Street, Artesia, NM 88210</p>		<p>7. Lease Name or Unit Agreement Name Myox21 ST Com</p>
<p>4. Well Location Unit Letter <u>A</u> : <u>245</u> feet from the <u>North</u> line and <u>985</u> feet from the <u>East</u> line Section <u>28</u> Township <u>25S</u> Range <u>28E</u> NMPM Eddy County</p>		<p>8. Well Number 703H</p>
		<p>9. OGRID Number 229137</p>
		<p>10. Pool name or Wildcat Purple Sage; Wolfcamp (Gas)</p>
		<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2958' GR</p>

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

<p>NOTICE OF INTENTION TO:</p> <p>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"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>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"/></p>
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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.

5/14/20 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 19,997'. Test to 9551#.
 9/28/20 to 10/15/20 Perf 9,765 – 19,907' (1200). Acdzw/ 0 gal 7-1/2%; frac w/ 20,541,449# sand & 20,215,734 gal fluid.
 10/21/20 to 10/22/20 Drill out CFP's. Clean down to PBSD @ 19,850'.
 10/23/20 to 10/28/20 Set 2 7/8" 6.5# L-80 tbg @ 8,882' & pkr @ 8,872'. Installed gas lift system.
 10/31/20 Ready date.

Entered - KMS 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: 11/5/2020

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

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APPROVED BY: [Signature] TITLE Staff Manager DATE 11/19/2020