

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

WELL API NO. <b>30-015-04181</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-1565</b>
7. Lease Name or Unit Agreement Name: <b>TEXACO EE</b>
8. Well Number <b>#001</b>
9. OGRID Number
10. Pool name or Wildcat <b>GRAYBURG-JACKSON; SR./QN./GB./SA.</b>

Pit or Below-grade Tank Application ☐ or Closure ☒  
Pit type STEEL Depth to Groundwater: \_\_\_\_\_ Distance from nearest fresh water well: \* \_\_\_\_\_ Distance from nearest surface water: \* \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \* NONE WITHIN 1,000'

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	<b>RECEIVED</b> <b>APR 5 2012</b> <b>NMOCD ARTESIA</b>
2. Name of Operator <b>COG OPERATING LLC</b>	
3. Address of Operator <b>550 W. TEXAS AVE., SUITE 100, MIDLAND, TEXAS 79701</b>	

4. Well Location Unit Letter <u>B</u> : <u>990</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>17S</u> Range <u>30E</u> NMPM County <u>EDDY</u>	11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3,686' - DF</u>
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12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> 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 COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>WELL PLUGGED AND ABANDONED 03/31/12.</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

03/27/12: PUMP A 25 SX.CMT.PLUG @ 2,137' (PER NMOCD); WOC-NO TAG; PUMP A 2ND 25 SX.CMT.PLUG @ 2,137'; WOC.  
03/28/12: NO TAG; PUMP A 3RD 25 SX.CMT.PLUG W/ 2% CACL @ 2,137'; WOC-NO TAG; PUMP A 4TH 25 SX.CMT.PLUG W/  
3% CACL @ 2,137'; WOC X TAG CMT. @ 2,115'; PUMP A 25 SX.CMT.PLUG @ 2,115'; WOC X TAG CMT. @ 2,115'.  
03/29/12: PUMP A 2ND 25 SX.CMT.PLUG W/ 3% CACL @ 2,115'; WOC X TAG CMT. @ 1,894'; CIRC. WELL W/ PXA FLUID.  
03/30/12: PUMP A 25 SX.CMT.PLUG @ 1,325'; WOC X TAG CMT. @ 1,003'; PERF. X SQZ. A 55 SX.CMT.PLUG W/ 2% CACL  
@ 600'; WOC X TAG CMT. @ 435'; PERF. X CIRC. TO SURF. A 55 SX. CMT. PLUG @ 150'-3'; WOC.  
03/31/12: DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; FILL ALL CSG.ANNULI TO SURF. W/ 5 SXS.CMT.; WELD ON STEEL  
PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David A. Eyer TITLE AGENT DATE 04/01/12

Type or print name **DAVID A. EYER**

E-mail address: dayler@milagro-res.com  
Telephone No. (432) 687-3033

For State Use Only

APPROVED BY David A. Eyer TITLE \_\_\_\_\_  
Conditions of Approval, if any:

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 in OCD Web Page under DATE 4/9/2012  
Forms: [www.emnrd.state.nm.us/oed](http://www.emnrd.state.nm.us/oed).