

Submit One Copy To Appropriate District Office

District I

1625 N French Dr, Hobbs, NM 88240

District II

811 S First St, 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

RECEIVED

NOV 01 2012

WELL API NO.

30-015-23292

Form C-103

Revised November 3, 2011

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

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.)		5. Indicate Type of Lease STATE ☐ FEE ☒														
1. Type of Well: ☐ Oil Well ☐ Gas Well ☒ Other SWD		6. State Oil & Gas Lease No.														
2. Name of Operator COG Operating LLC		7. Lease Name or Unit Agreement Name Lakewood SWD														
3. Address of Operator One Concho Center, 600 W. Illinois Avenue, Midland, TX 79701		8. Well Number 3														
4. Well Location Unit Letter <u>E</u> : <u>2080</u> feet from the <u>North</u> line and <u>860</u> feet from the <u>West</u> line Section <u>1</u> Township <u>19S</u> Range <u>25E</u> NMPM _____ County <u>Eddy</u>		9. OGRID Number 229137														
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3464' GR		10. Pool name or Wildcat Canyon														
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data																
<table border="0"><tr><td>NOTICE OF INTENTION TO:</td><td>SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK ☐</td><td>REMEDIAL WORK ☐</td></tr><tr><td>TEMPORARILY ABANDON ☐</td><td>ALTERING CASING ☐</td></tr><tr><td>PULL OR ALTER CASING ☐</td><td>COMMENCE DRILLING OPNS. ☐</td></tr><tr><td>MULTIPLE COMPL ☐</td><td>P AND A ☐</td></tr><tr><td>CASING/CEMENT JOB ☐</td><td></td></tr><tr><td>OTHER: ☐</td><td>☒ Location is ready for OCD inspection after P&A</td></tr></table>			NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐	TEMPORARILY ABANDON ☐	ALTERING CASING ☐	PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐	MULTIPLE COMPL ☐	P AND A ☐	CASING/CEMENT JOB ☐		OTHER: ☐	☒ Location is ready for OCD inspection after P&A
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OTHER: ☐	☒ Location is ready for OCD inspection after P&A															
☒ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.																
☒ Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.																
☒ A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the																

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.

- ☒ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- ☒ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground 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 Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.
- ☒ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- ☒ All other environmental concerns have been addressed as per OCD rules.
- ☒ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.
- ☐ If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE B. Maiorino TITLE Regulatory Analyst DATE 10/31/12

TYPE OR PRINT NAME Brian Maiorino E-MAIL: bmaiorino@concho.com PHONE: 432-221-0467
For State Use Only

APPROVED BY: Phil Hank TITLE OK to Release DATE 11/5/2012