Submit I Copy To Appropriate District Office State of New Mexico	Form C-103
District 1 – (575) 393-61di DECEIVE ggy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 APR 15 2016 IL CONSERVATION DIVISION 811 S. First St., Artesia, VM 88210	30-015-40933
Bill S. First St., Artesia, NM 88210 CONSERVATION DIVISION District III – (505) 334-6 78 184000 ADTESIA 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Azter MRR 47420 ARTESIA!	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	Salada Vista 36 State
1. Type of Well: Oil Well Gas Well Other	8. Well Number 4H
2. Name of Operator	9. OGRID Number
COG Operating LLC	229137
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	10. Pool name or Wildcat Gatuna Canyon; Bone Spring
4. Well Location	
Unit Letter L : 1980 feet from the South line and 180 feet from the West line	
Section 31 Township 19S Range 31E	
3399' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	· —
DOWNHOLE COMMINGLE	
	Completion Operations
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.	
2/11/12 to 2/14/12 MIDNL C & CDD C 12/202 To 44 4004// D. C. + 12/202 12/202 (CO) A 1/2 (CO)	
2/11/13 to 2/14/13 MIRU. Set CBP @ 13628'. Test to 4004#. Perforate 13588-13598' (60). Injection test into perfs.	
3/2/13 to 3/4/13 Perforate Bone Spring 9116-13512' (506). Acdz w/33309 gal 7 1/2% acid. Frac w/3258778# sand & 2650986 gal fluid.	
3/5/13 Began flowing back & testing.	
4/2/13 to 4/5/13 Drilled out CFP's. Circulate clean.	
4/9/13 Set 2 7/8" 6.5# L-80 tbg @ 8320'. Place well on pump.	
Sand Date: 1/25/13 Die Belees Date:	2/0/12
Spud Date: Rig Release Date:	2/9/13
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE: Regulatory Analyst	DATE: _4/11/13
Type or print name: Stormi Davis E-mail address: sdavis@conch	o.com PHONE: (575) 748-6946
For State Use Only	
APPROVED BY: TITLE OF TOP	DW/50 DATE 4/15 5013
Conditions of Approval (if any):	
	UP