Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources District I – (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-21398 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 7. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 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 SRO SWD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number Gas Well Other **SWD** 1. Type of Well: Oil Well 102 2. Name of Operator 9. OGRID Number COG Operating LLC 229137 10. Pool name or Wildcat 3. Address of Operator 2208 W. Main Street, Artesia, NM 88210 SWD; Devonian 4. Well Location Unit Letter G 1980 feet from the North line and 1980 feet from the line **Township** 26S Range 28E Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3024' 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 **CHANGE PLANS** COMMENCE DRILLING OPNS.□ TEMPORARILY ABANDON П П P AND A PULL OR ALTER CASING П MULTIPLE COMPL П CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: \Box OTHER: Change Packer \boxtimes 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. 1/20/14 to 1/23/14 TOOH w/tbg & pkr. Exchange pkr. Set 4 1/2" x 3 1/2" glass-bore injection tubing with nickel-plated injection pkr @ 14398'. RU chart recorder & test to 520# for 30 mins. No leak-off (chart attached). I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE_ TITLE: Regulatory Analyst DATE: <u>1/28/14</u> Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946 For State Use Only

Conditions of Approval (if any):

TITLE COMPLYAND OFFICER DATE 3/13/14

