

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

NM OIL CONSERVATION
ARTESIA DISTRICT
AUG 3 2015
OIL CONSERVATION DIVISION
RECEIVED
State of New Mexico
Energy, Minerals and Natural Resources
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

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.)		WELL API NO. 30-015-43026
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name CTA State Com
4. Well Location Unit Letter <u>P</u> : <u>315</u> feet from the <u>South</u> line and <u>150</u> feet from the <u>East</u> line Section <u>32</u> Township <u>18S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		8. Well Number 6H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3452' GR		9. OGRID Number 229137
		10. Pool name or Wildcat Santo Nino; Bone Spring

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion Operations <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/26/15 MIRU. Test to 9400#. Good test. Set CBP @ 12715' & test csg to 8517#. Perforate @ 12665-12675' (60) & perform injection test.

6/13/15 to 6/17/15 Perforate Bone Spring 8535-12615' (504). Acdz w/85631 gal 7 1/2% acid. Frac w/6301510# sand & 5192915 gal fluid.

6/25/15 to 6/29/15 Drill out frac plugs & clean down to CBP @ 12715'.

6/30/15 to 7/2/15 Set 2 7/8" 6.5# J-55 tbg @ 7825' & place well on pump.

Spud Date: 5/6/15 Rig Release Date: 5/21/15

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stormi Davis TITLE: Regulatory Analyst DATE: 7/30/15
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY: Dr. Dade TITLE: Disposal Supervisor DATE: 8/14/15
Conditions of Approval (if any):