

Oil Conservation Division
 1625 N. French Dr., Hobbs, NM 88240
 811 S. First St., Artesia, NM 88201
 1000 Rio Brazos Rd., Aztec, NM 87410
 1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

WELL API NO. 30-015-41970
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Craig State
8. Well Number 002H
9. OGRID Number 229137
10. Pool name or Wildcat WC GC-03 S25236M; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3349'

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 <input type="checkbox"/>	
2. Name of Operator COG Operating LLC	
3. Address of Operator One Concho Center, 600 W. Illinois Ave, Midland, TX	
4. Well Location Unit Letter <u>M</u> : <u>380</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>36</u> Township <u>25S</u> Range <u>26E</u> NMPM County: <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3349'	

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 checked="" 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/24/15 MIRU

5/26/15 RIH w/bailer, tagged @ 200', cleaned well down to 275'

6/03/15 Move in w/cmt mixer, loaded 13-3/8 csg w/readi mix RH6, installed 4-1/2" pipe on cmt with 6' out of ground

6/06/15 cut and removed 4-1/2 pipe @ ground level, welded 14x14" plate at ground level with required dryhole marker info.

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 at OCD Web Page under
 Forms. www.cmrnd.state.nm.us/oed.

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

SIGNATURE Brian Maiorino TITLE Regulatory Analyst DATE 8/3/15

Type or print name Brian Maiorino E-mail address: bmaiorino@concho.com PHONE: 432-221-0467

For State Use Only

APPROVED BY: JDade TITLE DIST # Supervisor DATE 8/14/15

Conditions of Approval (if any):

* Submit C-105 And C-103 Subsequent