

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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
August 1, 2011

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

WELL API NO. <b>30-015-22037</b>
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 <b>FM Robinson</b>
8. Well Number <b>ISWD</b>
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>GRBG Upper Penn</b>

**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 ☐ Gas Well ☒ Other ☐

2. Name of Operator  
**COG Operating LLC**

3. Address of Operator  
**600 W. Illinois Ave, Midland, TX 79701**

4. Well Location  
Unit Letter **E** **1850** feet from the **N** line and **660** feet from the **W** line  
Section **27** Township **17S** Range **29E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3547'**

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"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

8-26-15

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.

08/18/15 MIRU plugging equipment. Dug out cellar. 08/19/15 Well flowed to battery. 08/20/15 RIH w/ slickline and plug and set in packer @ 8780' (+/-). NU BOP. Released on/off tool and POH w/ 193 jts 2 3/8 IPC tbg. 08/21/15 POH w/ 77 jts. 2 3/8 IPC. RIH w/ workstring and tagged packer @ 8778'. Circulated hole w/ mud laden fluid. Pressure tested csg to 500 psi. Spotted 35 sx cement @ 8778-8450. WOC. 08/24/15 Tagged plug @ 8498'. Spotted 25 sx cement @ 7375-7125. Spotted 25 sx cement @ 6170-5990. Spotted 25 sx cement @ 4050-3790. Spotted 25 sx cement @ 3550-3290. WOC. 08/25/15 Tagged plug @ 3294. Perf'd casing @ 1166'. Sqz'd 45 sx cement and displaced to 1025'. WOC. Tagged plug @ 1039'. Perf'd csg @ 800'. Sqz'd 55 sx cement @ 800' and displaced to 675'. WOC. Tagged plug @ 686'. Perf'd csg @ 375'. Sqz'd 75 sx cement & displaced to 185'. WOC. 08/26/15 Tagged plug @ 187'. Perf'd csg @ 100'. Sqz'd 60 sx cement and circulated to surface. RDMO. Moved in welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry-Hole Marker". Backfilled cellar. Removed deadmen. Moved off.

Spud Date:

Rig Release Date:

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.emnrd.state.nm.us/oed](http://www.emnrd.state.nm.us/oed).

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

SIGNATURE Ben Montgomery TITLE Agent DATE 8-27-15

Type or print name Ben Montgomery E-mail address: benmontgomery@montgomeryandassociates.com PHONE: 432-580-7161  
**For State Use Only**

APPROVED BY: RDade TITLE Dist. Supervisor DATE 8/31/2015

Conditions of Approval (if any):

\* Submit Subsequent C-103