

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
 Revised July 18, 2013

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

WELL API NO. 30-015-20192
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 GJ West Coop
8. Well Number 108
9. OGRID Number 229137
10. Pool name or Wildcat Grayburg-Jackson
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3575' GR

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 : 1980 feet from the N line and 660 feet from the W line
 Section 28 Township 17S Range 29E NMPM County Eddy

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 checked="" 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"/>			
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.

1. Drilled out cement from surface – 800’.
2. Pressure test integrity of 5 ½” casing.
3. If does not test, isolate holes. Contact OCD.
4. If casing tests; perforate @ 800’.
5. Establish injection rate; contact OCD for cement volumes. 400-800’. WOC & Tag.
6. Perforate @ 385’. Establish injection rate. Contact OCD for cement volumes @ Surface – 385’; try to get pressure on squeeze.
7. Cut off well head, verify cement to surface, weld on Dry Hole Marker.

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.cmnrd.state.nm.us/ocd.

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

SIGNATURE Abigail Montgomery TITLE Agent DATE 9/25/17
 Type or print name Abigail Montgomery E-mail address: abbym@bcmadassociates.com PHONE: 432-580-7161

For State Use Only
 APPROVED BY: Robert 2 Box TITLE COMPLIANCE OFFICER DATE 9/25/17
 Conditions of Approval (if any):