

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
NM OIL CONSERVATION
State Oil and Natural Resources
ARTESIA DISTRICT
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED

Form C-103
Revised July 18, 2013

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. 30-015-25018
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. E-135
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name Cockatoo State
4. Well Location Unit Letter <u>N</u> : <u>980</u> feet from the <u>S</u> line and <u>2310</u> feet from the <u>W</u> line Section <u>27</u> Township <u>17S</u> Range <u>28E</u> NMPM County <u>EDDY</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3677' GR		9. OGRID Number 229137
		10. Pool name or Wildcat Artesia; Queen-GRBG-SA

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.

01/12/18 MIRU Plugging equipment. Unhung & POH w/ hoses head, POH w/ 115 7/8" rods. Dug out cellar. 01/15/18 Circulated hole w/ brine to kill well. ND well head, NU BOP. POH w/ 92 jts of 2 7/8" tbg. Set 5 1/2" CIBP @ 2340'. Circulated hole w/ MLF. Spotted 25 sx class C cmt @ 2340-2094'. WOC. 01/16/18 Tagged plug @ 2198'. Spotted 25 sx class C cmt w/ 2% CACL @ 800-625'. WOC. Tagged plug @ 692'. Perf'd csg @ 557'. Sqz'd 50 sx class C cmt @ 557-457'. WOC. 01/17/18 Tagged plug @ 415'. Perf'd csg @ 100'. Pressured up on perfs to 500 psi. ND BOP. RIH w/ perf sub to 150'. Spotted 20 sx class C cmt @ 150' & circulated to surface. NU well head, pressured up on csg to 500 psi. WOC. Tagged plug @ 5'. Topped off well with cmt. Riggged down and moved off. 01/18/18 Moved in backhoe and welder. Dug out cellar. Cut off well head. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, moved off.

Spud Date:

Rig Release Date:

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

SIGNATURE K. Castillo TITLE Regulatory Advisor DATE 1/24/18
Type or print name Karicia Castillo E-mail address: Kcastillo@conehw.com PHONE: 432-685-4332
For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 1-26-18
Conditions of Approval (if any):