

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
RECEIVED

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
JUL 18 2018
1220 S. St. Francis Dr.
Santa Fe, NM 87505
DISTRICT II-ARTESIA O.C.D.

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. 30-015-20684
1. Type of Well: Oil Well <input 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. B-2130
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name ETZ State Unit
4. Well Location Unit Letter D : 660 feet from the N line and 660 feet from the W line Section 16 Township 17S Range 30E NMPM County Eddy		8. Well Number 102
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3683' GR		9. OGRID Number 229137
		10. Pool name or Wildcat GRBG-Jackson, SR-Q-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.

06/28/18 MIRU plugging equipment. POH w/ 154 3/4" rods & pump. 06/29/18 Dug out cellar, ND well head, NU BOP. POH w/ 3800' of tbg. Notified Gilbert Cordero w/ NM OCD og no existing plug @ 2865'. Set 5 1/2" CIBP @ 2835' per Gilbert Cordero's request. Spotted 25 sx class C cmt @ 2835-3593'. WOC. 07/02/18 Tagged plug @ 2670'. Set 5 1/2" CIBP @ 2506'. Circulated hole w/ MLF, circ'd out of 8 5/8" csg. Spotted 60 sx class C cmt w/ 2% CACL @ 2506-1928'. WOC. Tagged plug @ 1928'. Tried pressure tested csg, could not pressure up on the 8 5/8" csg. 07/03/18 Set 5 1/2" packer @ 32'. Isolated holes in casing from 20'-surface. Perf'd csg @ 1100'. Sqz'd 50 sx class C cmt w/ 2% CACL @ 1100-900'. WOC. Tagged plug @ 780'. Perf'd csg @ 850'. ND BOP. Established injection rate but would not circulate. Sqz'd 25 sx class C cmt @ 850-200'. WOC. 07/05/18 Tagged plug @ 180'. Perf'd csg @ 180'. Sqz'd 25 sx class C cmt w/ 2% CACL & LCM @ 180' & displaced to 100'. WOC. Tagged plug @ 100'. Perf'd csg @ 100'. Sqz'd 25 sx class C cmt w/ 2% CACL @ 100' & displaced to 80'. WOC. Tagged plug @ 50'. Perf'd csg @ 50'. Sqz'd 25 sx class C cmt & Displaced to 40'. WOC. 07/06/18 Tagged plug @ 36'. Spotted 25 sx class C cmt @ 36' to surface. Verified cmt in the 5 1/2 & 8 5/8" annulus. Rigged down and moved off. 07/11/18 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

TITLE

DATE

Type or print name

E-mail address:

PHONE:

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):