

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  
 RECEIVED Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OCT 18 2018 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

DISTRICT II-ARTESIA

WELL API NO. <b>30-015-24358</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>Aminoil State</b>
8. Well Number #1
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>SWD; Delaware</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>2967' GR</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 **SWD**

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

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

4. Well Location  
 Unit Letter **C** : **590** feet from the **N** line and **1980** feet from the **W** line  
 Section **22** Township **26S** Range **28E** 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 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.

09/11/18 Moved Totem Rig 8 to location. Circ'd hole w/ MLF, killed well. ND well head flange, NU BOP. POH w/ tbg. 09/12/18 Circ'd hole w/ MLF, killed well. RIH w/ 4 1/2" CIBP to 4250', could not set. POH w/ CIBP (CIBP damaged). 09/13/18 Circ'd hole w/ MLF, killed well. RIH w/ guage ring & junk basket, tagged out @ 4250'. POH. Set 4 1/2" CIBP @ 4245, well would not bleed down. Circ'd hole w/ MLF, killed well. Set 4 1/2" packer @ 4225'. Pressure tested annulus @ 4225 to surface, held 500 psi. Put well on vacuum. 09/17/18 Unset packet, Set 4 1/2" CIBP @ 4225 (Per OCD's approval). Tagged plug @ 4225'. Pressure tested csg, held 500 psi. ND BOP, NU Well head. Rigged down Totem Rig 8 and moved off. 10/03/18 MIRU plugging equipment. ND well head, NU BOP. Tagged 4 1/2" CIBP @ 4225'. 10/04/18 Circulated hole w/ MLF. Pressure tested csg, held 500 psi. Spotted 60 sx class C cmt w/ 2% CACL @ 4225-3345'. WOC. Tagged plug @ 3300'. Perf'd csg @ 2568'. Pressured up on perms to 500 psi. Spotted 25 sx class C cmt @ 2618-2240'. WOC. 10/05/18 Tagged plug @ 2230'. Perf'd csg @ 1850'. Sqz'd 30 sx class C cmt @ 1850-1650'. WOC. Tagged plug @ 1600'. Perf'd csg @ 475'. ND BOP. Sqz'd 160 sx class C cmt @ 475' and circulated to surface. 10/08/18 Verified cement to surface. Rigged down, cleaned location, and moved off. 10/10/18 Moved in backhoe and welder. Dug out cellar. Cut off well head. Verified cmt to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, moved off.

Spud Date: 1/5/83 Rig Release Date: 1/28/83

**ENTERED**  


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

SIGNATURE Amanda Avery TITLE Regulatory Tech DATE 10/15/18  
 Type or print name Amanda Avery E-mail address: aavery@concho.com PHONE: 575-748-6862  
**For State Use Only**  
 APPROVED BY: [Signature] TITLE STA Avery DATE 10-18-18  
 Conditions of Approval (if any):