

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. 30-015-32799
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 Tesuque 2 State
8. Well Number #1
9. OGRID Number 229137
10. Pool name or Wildcat Brushy Draw, Delaware North

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 C : 660 feet from the N line and 1980 feet from the W line
 Section 2 Township 26S Range 29E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2997' GR

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.

01/14/19 MIRU plugging equipment to location. Have flowback on the 2 7/8" tbg, pressure slowed to 20 PSI. Dug out cellar. 01/15/19 NU BOP. Released packer & POH w/ tbg. RIH & Tagged 5 1/2" CIBP w/ 40' cmt cap @ 4695'. RIH w/ 5 1/2" CIBP @ 3110', could not set, too much scale in 5 1/2" csg. 01/16/19 POH w/ CIBP. RIH w/ new 5 1/2" CIBP, set @ 3110'. Circulated hole w/ salt gel. Pressure tested csg, held 500 PSI. Spotted 25 sx class C cmt @ 3110-2860'. WOC. Tagged plug @ 2850'. Perf'd csg @ 631'. Sqz'd 50 sx class C cmt @ 631-530'. WOC. 01/17/19 Opened well to 0 PSI. Pressured up on 5 1/2" csg to 800 psi, pressure did not hold. No Tag. Re- Sqz'd 50 sx class C cmt @ 631-530'. WOC. Tagged plug @ 515'. ND BOP. Spotted 25 sx class C cmt @ 60' & circulated to surface. Rigged down & moved off. 01/24/19 19 Moved in backhoe and welder, dug out cellar, cut off well head, and verified cement to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

RECEIVED

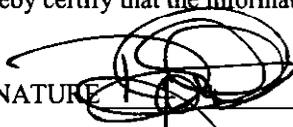
Spud Date:

Rig Release Date:

APR 01 2019

DISTRICT II-ARTESIA O.C.D.

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

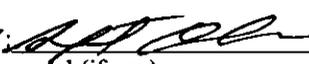
SIGNATURE  TITLE Regulatory Technician

DATE 3/25/2019

Type or print name Delilah Flores
For State Use Only

E-mail address: dflores2@concho.com

PHONE: 575-748-6946

APPROVED BY: 
 Conditions of Approval (if any):

TITLE Staff Mgr

DATE 4/2/19