Submit One Copy To Appropriate District Office	State of New Me	xico	Form C-103
District I NM OIL CONSERVATION,	wiret I MM OIL CONSERENCES Minerals and Natural Resources		Revised November 3, 2011
1625 N. French Dr., Hobbs, NM. 8834514 DIFFICE			WELL API NO. " 30-015-24757
811 S. First St., Artesia, NM 88210CT 30 2019 IL CONSERVATION DIVISION			5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1200 Rio Brazos Rd., Aztec, NM 87410		cis Dr.	STATE STEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			E-1351
SUNDRY NOTICES AND REP	ORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL (JG BACK TO A	CT State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number
1. Type of Well: Oil Well Gas Well Other			1
2. Name of Operator			9. OGRID Number
COG Operating LLC			229137
3. Address of Operator 2208 W Main Artesia NM 88210			10. Pool name or Wildcat Red Lake; QN-Grbg-SA
	· ·		Red Lake; QN-Grog-SA
4. Well Location Unit Letter N : 660 feet from the South line and 1980 feet from the West line			
· ·			
Section 22 Township 175 Range 28E NMPM County Eddy			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3585' GR			
12. Check Appropriate Box to Indicate Nat		enort or Other Da	ta
12. Check rippropriate Box to marcate ival	are or rottee, ix	port of Office Da	
NOTICE OF INTENTION T	*O:	SUBS	EQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND A		REMEDIAL WORK	\square ALTERING CASING \square
TEMPORARILY ABANDON		COMMENCE DRILL	_
PULL OR ALTER CASING MULTIPLE C	OMPL	CASING/CEMENT	JOB
ÓTHER:		⊠ Location is roa	dy for OCD increasion after B&A
OTHER: \(\sum \) Location is ready for OCD inspection after P&A All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.			
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.			
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			
ONED ATOD MAKE A HAGE MAKE WINDS AND			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR			
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
☐ The location has been leveled as nearly as poss	ible to original grour	d contour and has be	een cleared of all junk, trash, flow lines and
other production equipment.			
 ✓ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. ✓ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with 			
OCD rules and the terms of the Operator's pit permi	on lease, the battery	and pit location(s) h	have been remediated in compliance with
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.			
from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have			
to be removed.) API # on Marker 24751 is not correct All other environmental concerns have been addressed as per OCD rules.			
All other environmental concerns have been addressed as per OCD rules.			
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-			
retrieved flow lines and pipelines. Harre	on lease; all electric	al sorging poles and	removed
location, except for utility's distribution infrastructure.			
When all work has been completed, return this form		istrict office to sched	lule an inspection.
			F
PLEASE SEE ATTACHED			
SIGNATURE ()	TITI F. Re	gulatory Technician	DATE: 10/28/19
	IIILL. RC	Same of a commentant	DATE. 10/20/17
TYPE OR PRINT NAME: Delilah Flores	E-MAIL: dflores2	@concho.com	PHONE: 575-748-6946
For State Use Only			G C
APPROVED BY:	CONTROL TO	DENIEL	DATE 11/5/19
APPROVED BY: Conditions of Approval (if any):	TITLE		DATE_///5///
Conditions of ripproval (if any).			· · · · · · · · · · · · · · · · · · ·