Submit One Copy To Appropriate District Office	opriate District State of New		cico	Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	RECEIVED gy, Mine	erals and Natur	al Resources	WELL API NO.	Revised November 3, 2011
				30-015-24569	
811 S. First St., Artesia, NM 88210 District III	OIL CONS 107 0 8 20 1 220 S	outh St. Franc	cis Dr.	5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	San	ta Fe, NM 87:	505	STATE 6. State Oil & Ga	FEE
1000 Rio Brazos Rd., Aztec, NM 87410 V District IV 1220 S. St. Francis Dr., Santa Ferral 87505	CTILARTESIAU.L.L	/ •		B-1159	is Boase 110.
SUNDRY NOT	ICES AND REPORT	S ON WELLS		7. Lease Name or	r Unit Agreement Name
(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				Sunray State	
PROPOSALS.) 1. Type of Well: ⊠Oil Well □ Gas Well □ Other				8. Well Number 2	
2. Name of Operator	<u> </u>			9. OGRID Numb	per
COG Operating LLC				229137	
3. Address of Operator 2208 W Main Artesia NM 88210				Pool name or Red Lake; Qn-GR	
4. Well Location				rea zake, Qii Gi	
Unit Letter <u>L</u> 2075 feet fr	om the South line and	l 330 feet from t	he <u>West</u> line		
Section 27 Township 17S Range 28E NMPM Eddy County					
	11. Elevation <i>(Sho</i> 3614'		RKB, RT, GR, etc.)		
12. Check Appropriate Box t			port or Other Da	ta	<u> </u>
NOTICE OF IN	NTENTION TO:		SLIBS	EQUENT RE	DOBT OF:
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON				_ING OPNS.□	P AND A
PULL OR ALTER CASING	MULTIPLE COMP	L 🗆	CASING/CEMENT	JOB 🗆	
OTHER:		· 🔲 .		dy for OCD inspe	ection 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					
_					
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 STAM					<u> </u>
☐ The location has been leveled a	as nearly as nossible t	o original group	d contour and has be	en cleared of all i	iunk trach flow lines and
<u> </u>					
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 permit and closure plan. All flow lines, production equipment and junk have been removed					
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.)					
 ✓ 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.					
☐ If this is a one-well lease or last		ease: all electric	al service poles and	lines have been re	moved from lease and well
location, except for utility's distribu	ition infrastructure.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.					
PLEASE SEE ATVACHED					÷
SIGNATURE		TITLE Reg	ulatory Technician	D	ATE 11/4/19
			-		
TYPE OR PRINT NAME Delilah I For State Use Only	flores	E-MAIL: <u>dflo</u>	res2@concho.com	PHONE	E: 575-748-6946
	DEMED		DEN	IED	GC //
ATROVED DT.	MINIST	TITLE		THE COLD WAS	DATE
Conditions of Approval (if any):					1 /