Submit One Copy To Appropriate District Office	State of New M	exico	Form C-1	
District I	RECEIVEMINERALS and Nati	ural Resources	Revised November 3, 20	011
1625 N. French Dr., Hobbs, NM 88240 District II	JAM LESKSERVATION		WELL API NO. 30-015-24569	
811 S. First St., Artesia, NM 88210	JAIVIL CONSERVATION	DIVISION	5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV	ISO OCHARTESIA Fra	ncis Dr.	STATE STEE	
District IV	IRD-OOD Sähtä Fe, NM 8	7505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-1159	
SUNDRY NOTI	CES AND REPORTS ON WELLS	S	7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLICE OF THE PROPOSE OF THE PROPOS	SALS TO DRILL OR TO DEEPEN OR PL	UG BACK TO A	Sunray State	
PROPOSALS.)	ATION TORTERMIT (FORM C-101) F	OK SUCH	8. Well Number	
1. Type of Well: Oil Well	Gas Well Other		2	
2. Name of Operator			9. OGRID Number	
COG Operating LLC 3. Address of Operator			229137 10. Pool name or Wildcat	
2208 W Main Artesia NM 88210			Red Lake; Qn-GRBG-SA	
4. Well Location			red Eure, QII-GIOG-5A	
	om the South line and 330 feet from	the West line		
	178 Range 28E NMPM Eddy C			
Section 27 Township	11. Elevation (Show whether DR			
	3614' GR	i, Idib, KI, OK, etc	7	-11
12. Check Appropriate Box to	Indicate Nature of Notice, R	Leport or Other I	Data	COMMON TO SERVICE SERV
		,		ļ
NOTICE OF IN			SSEQUENT REPORT OF:	_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		_ '
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL		ILLING OPNS. P AND A	
FOLL OR ALTER CASING	MOLTIPLE COMPL	CASING/CEMEN	IT JOB	
OTHER:			eady for OCD inspection after P&A	
	compliance with OCD rules and t	he terms of the Ope	erator's pit permit and closure plan.	_
Rat hole and cellar have been fi	lled and leveled. Cathodic protect	ion holes have been	properly abandoned.	
A steel marker at least 4" in dia	meter and at least 4' above ground	level has been set i	n concrete. It shows the	
OPERATOR NAME, LEA	ASE NAME, WELL NUMBER.	API NUMBER. O	UARTER/QUARTER LOCATION OR	
<u>UNIT LETTER, SECTIO</u>	N, TOWNSHIP, AND RANGE.	All INFORMATI	ON HAS BEEN WELDED OR	
PERMANENTLY STAM	PED ON THE MARKER'S SUR	FACE.		
The leasting has been been lesseled as				
The location has been leveled as other production equipment.	s nearly as possible to original grou	and contour and has	been cleared of all junk, trash, flow lines an	nd
	nd risers have been cut off at least	two feet below gro	and level	
☐ If this is a one-well lease or last	remaining well on lease, the batter	y and pit location(s) have been remediated in compliance with	
OCD rules and the terms of the Oper	ator's pit permit and closure plan.		duction equipment and junk have been remo	ved
from lease and well location.	ried Rod 1	Jot Re	oved. (Poured onsite concrete bases do not h	
All metal bolts and other materia to be removed.)	Is have been removed. Portable ba	ases have been remo	oved. (Poured onsite concrete bases do not h	iave
	ns have been addressed as per OCI	nules 45	Denial	
		19.15.35.10 NMAC	2. All fluids have been removed from non-	
retrieved flow lines and pipelines.				
		ical service poles ar	nd lines have been removed from lease and v	well
location, except for utility's distribut	ion infrastructure.			
When all work has been completed, i	return this form to the appropriate	District office to sel	andula an inspection	
when an work has been completed, i	cturn this form to the appropriate	District office to sci	ledule an inspection.	
PLEASE SEE ATTACHED			•	
average that				
SIGNATURE (1991)	TITLE Re	egulatory Technicia	n DATE 1/17/2020	
TYPE OR PRINT NAME Delilah FI	ores F-MAII df	lores2@concho.com	PHONE: 575-748-6946	
		ioresz (web)	G C	
	TITLE			
APPROVED BY:	TITLE		DATE 1/29/20	
Conditions of Approval (if any):			7-/	