Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 RECEIVED rgy, Minerals and Natural Resource 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 REB 1 4 2020 CONSERVATION DIVISIO District III – (505) 334-6178 District IV – (505) 476-3460 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	WELL API NO.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other	8. Well Number
Name of Operator     COG Operating LLC     Address of Operator     2208 W. Main Street, Artesia, NM 88210	9. OGRID Number 229137 10. Pool name or Wildcat Hay Hollow; Bone Spring
4. Well Location  Unit Letter 1 : 670 feet from the North line an Section 6 Township 26S Range 28  11. Elevation (Show whether DR, RKB, RT, C) 3080' GR	d 845 feet from the West line  E NMPM Eddy County
12. Check Appropriate Box to Indicate Nature of N  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL  TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMEN	SUBSEQUENT REPORT OF:
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER:  13. Describe proposed or completed operations. (Clearly state all pertinent det of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multi	Completion Operations  ails, and give pertinent dates, including estimated date
proposed completion or recompletion.  10/10/19 Test 9 5/8" x 5 ½" annulus to 1500# for 30 mins. Good test. Set Complete Good.  1/3/20 to 1/18/20 Perf 8,580 – 18,805' (1456). Acdz w/ 158,892 gal 7-1/2%; fractive for 1/23/20 Drill out CFP's. Clean down to PBTD @ 17,451'.  1/26/20 Set 2 7/8" 6.5# L-80 tbg @ 7,578' & pkr @ 7,568'. Installed gas lift system 2/3/20 Began flowback & testing.	c w/ 26,111,430# sand & 21,822,282 gal fluid.
2/3/20 Date of first production.  Spud Date:  8/12/19  Rig Release Date:	9/4/19
I hereby certify that the information above is true and complete to the best of my knew SIGNATURE Amanda Avery TITLE: Regulatory A Type or print name: Amanda Avery E-mail address: aavery	nalyst DATE: <u>2/11/20</u>
APPROVED BY: Approval (if any):  TITLE Sfaff W.	DATE 2/17/20