



# ALLSTATE ENVIRONMENTAL SERVICES, LLC



P.O BOX 11322  
MIDLAND, TEXAS 79702  
OFFICE: (432) 682-3547  
FAX: (432) 682-4182

30-015-34625



July 17, 2006

New Mexico Oil Conservation Division  
District 2  
1301 Grand Avenue  
Artesia, New Mexico 88210

Dear Sir/Ma'am

Included in this mailing is the closure report for COG Operating Corp. RJ Unit #133 lease. As indicated in the summary the pit closure work was begun on July 6, 2006 and completed on July 17, 2006.

Any concern or questions regarding this site may be addressed to Randy Offield, Allstate Environmental Services, at 432-682-3547 or his e-mail address at [allstateenviro@sbcglobal.net](mailto:allstateenviro@sbcglobal.net)

Sincerely  
Mark Meadows for Randy Offield-Owner  
Allstate Environmental Services

cc: COG Operating Corp.-Artesia, N.M.  
Allstate Environmental Svcs. file

COG Operating, LLC

RJ Unit #133 API #: 30-015-34625

Eddy County, New Mexico

RECEIVED

AUG 11 2006

138 feet from well head

171 feet long

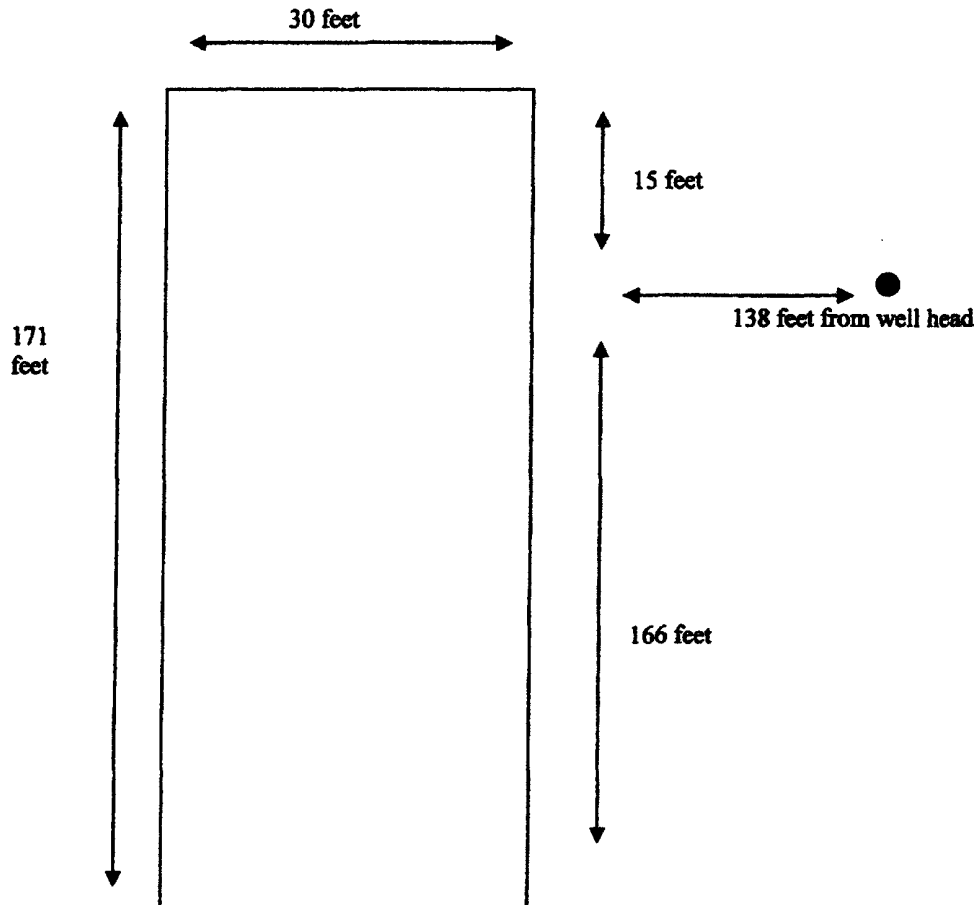
30 feet wide

BEGAN

7-6-06

COMPLETED

7-17-06

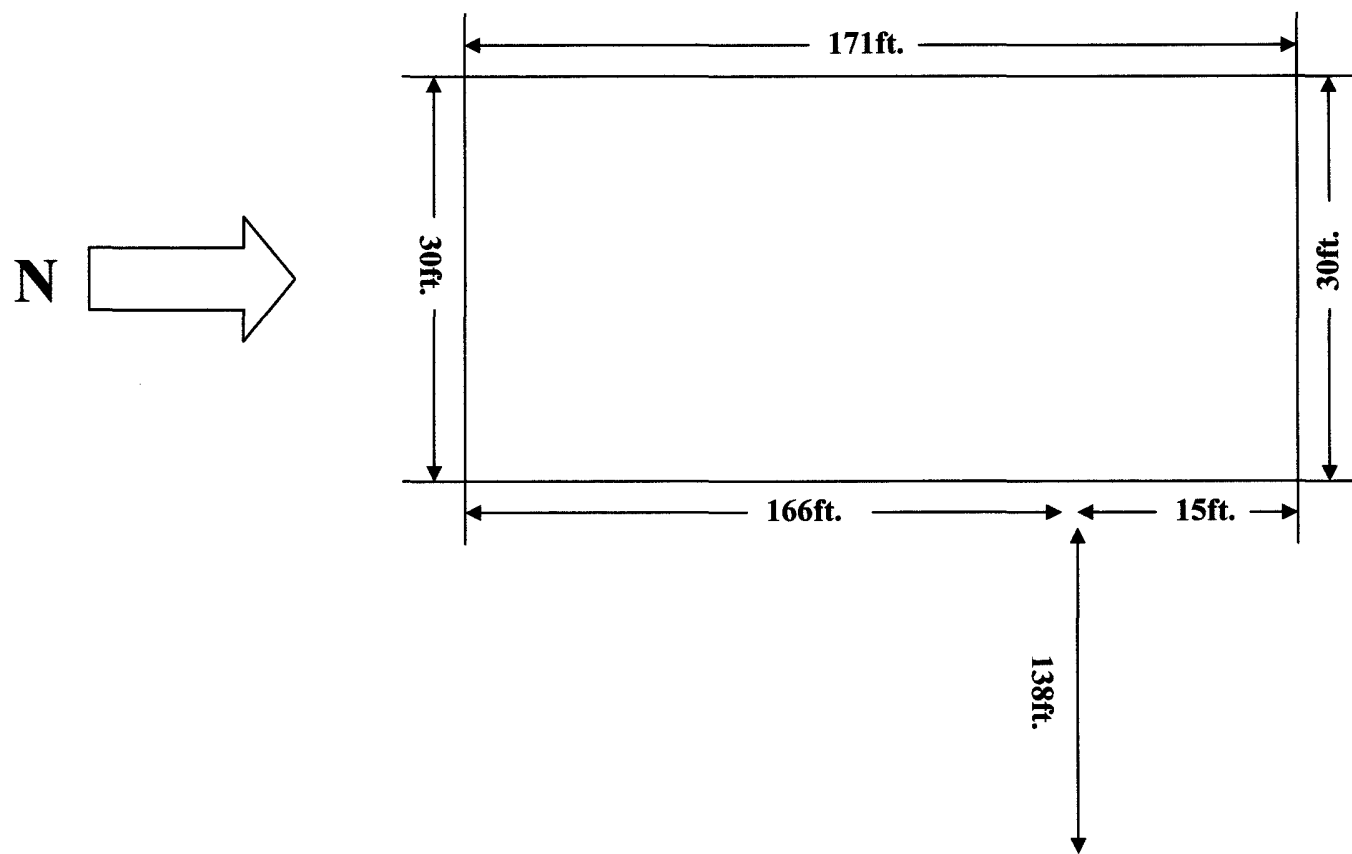


**COG Operating**

**RJ Unit #133**

**Eddy County, New Mexico 88220**

**July, 2006**



Submit 3 Copies to Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
May 27, 2004

WELL API NO. <b>30-015-34625</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>LC-028775B (FEDERAL)</b>
7. Lease Name or Unit Agreement Name <b>R J UNIT</b>
8. Well Number <b>133</b>
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>Grayburg Jackson SR Q G SA</b>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator <b>COG Operating LLC</b>
3. Address of Operator <b>550 W. Texas Ave., Suite 1300 Midland, TX 79701</b>
4. Well Location Unit Letter <b>F</b> : <b>1330</b> feet from the <b>NORTH</b> line and <b>1650</b> feet from the <b>WEST</b> line Section <b>27</b> Township <b>17S</b> Range <b>29E</b> NMPM County <b>EDDY</b>

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3533' GR**

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☒ PIT CLOSURE

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

On July 6, 2006, Allstate Environmental Services started closure procedures.  
Closure of the pits was completed July 17, 2006.

Attachments:  
Diagram of well site and pit location.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Phyllis Edwards TITLE Regulatory Analyst DATE 8-22-06

Type or print name Phyllis Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340

For State Use Only

Accepted for record - NMOCD

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 8/22/06

Conditions of Approval (if any):

Accepted for record - NMOCD

12/20/06