Subtitit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Form C-103 May 27, 2004 WELL API NO. 30-015-27258	
District I 1 1625 N French Dr., Hobbs, NM 88240 District II				
1301 W Grand Ave, Artesia, NM 88210			5. Indicate Type of I	Lease
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410			STATE 🛛 FEE 🗌	
District IV 1220 S St Francis Dr, Santa Fe, NM	Santa Fe, NM 87	/303 .	6. State Oil & Gas L	lease No.
87505			B-514	
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOS). DIFFERENT RESERVOIR USE "APPLICATION OF THE PROPOSE CONTROL OF T		UG BACK TO A		nit Agreement Name
PROPOSALS)	<u> </u>	ok soen	GJ West Coop Unit 8. Well Number 10	
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator			9. OGRID Number	
COG Operating LLC			229137	
3. Address of Operator			I 0. Pool name or Wildcat Grayburg Jackson;	
550 W. Texas, Suite 1300 Midland 4. Well Location	, TX 79701		7RVS-QN-G-SA/Emp	ire ;Yeso,East
Unit Letter A	990 feet from the Nort	th line and	990 feet from	the East line
Section 28	170	ange 29E		County Eddy
	I 1. Elevation (Show whether DR	RKB, RT, GR, etc.		
Pit or Below-grade Tank Application or	Closure C	GR		
				
Pit typeDepth Groundwas Pit Liner Thickness: mil	erDistance from nearest fresh v Below-Grade Tank: Volume			e water
12. Check A	ppropriate Box to Indicate N	vature of Notice,	Report or Other D	ata
NOTICE OF IN	FENTION TO:	SUB	SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	RK 🔲 A	LTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	=	AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	т ЈОВ	
OTHER:		OTHER: Amend	ed Completion	×
	eted operations. (Clearly state all prk). SEE RULE 1103. For Multip			
3-1-93 Perforated from 2629-4303'	Acidized perfs 3943-4303' w/2	2000 gals 15% NF		
3-2-93 Acidized perfs 3943-4303' v	•	•		
3-3-93 Acidized perfs 2629-3460' v		3 ,		
3-5-93 RIH w/137 joints 2 7/8" tub	ing SN @ 4358', RIH w/2 1/2x2	2x20' pump.		i
				T
	•			
I hereby certify that the information a grade tank has been/will be constructed or	bove is true and complete to the belosed according to MMCD guidelines	est of my knowledge , a general permit	e and belief. I further co] or an (attached) alternati	ertify that any pit or below- ive OCD-approved plan
SIGNATURE	-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	roduction Analyst		DATE 9/5/06
Type or print name Diane Kuykend. For State Use Only	RECORDS ONLY	ress: dkuykendall@cor	renoresources.com Tele	ephone No. <u>(432) 683-744</u>
	B O UNION AND AND A SECOND OF A SECOND OF THE PERSON OF TH			
				SFP no
APPROVED BY: Conditions of Approval (if any):	TITLE_			DATE\$EP 0 8 2