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. **30-015-35021**

5. Indicate Type of Lease **FEDERAL**
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
W D McIntyre E

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

JUN 06 2008
OCD-ARTESIA

8. Well Number **12**

2. Name of Operator
COG Operating LLC

9. OGRID Number
229137

3. Address of Operator
550 W. Texas Ave., Suite 1300 Midland, TX 79701

10. Pool name or Wildcat
Grayburg Jackson SR Q G SA

4. Well Location
Unit Letter **H** : **2110'** feet from the **North** line and **850'** feet from the **East** line
Section **21** Township **17S** Range **30E** NMPM County **EDDY**

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3652' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type DRILLING Depth to Groundwater 115' Distance from nearest fresh water well 1000' Distance from nearest surface water 1000

Pit Liner Thickness: 12 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
OTHER: **Drill with closed loop system** ☒		OTHER: ☐	

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.

COG Operating LLC respectfully requests permission to drill this well with a closed loop system.

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 6-4-08

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

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Accepted for record - NMOCD