

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

Form C-103
May 27, 2004

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

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WELL API NO. 30-015-35969	
5. Indicate Type of Lease FEDERAL STATE ☐ FEE ☐	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Skelly Unit	
8. Well Number 966	
9. OGRID Number 229137	
10. Pool name or Wildcat Fren; Glorieta Yeso 26770	

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 ☒ Gas Well ☐ Other ☐ JUN 06 2008	
2. Name of Operator COG Operating LLC OCD-ARTESIA	
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701	
4. Well Location Unit Letter L : 1500' feet from the South line and 1310' feet from the West line Section 15 Township 17S Range 31E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3858' 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**