Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Willetais and Natural Resources	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-37581
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☐
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Wild Cap State 8. Well Number
1. Type of Well: Oil Well Gas Well Other		6H
Name of Operator COG Operating LLC		9. OGRID Number 229137
3. Address of Operator 2208 W. Main Street, Artesia,	NM 88210	10. Pool name or Wildcat WC Williams Sink; Bone Spring
4. Well Location		
Unit Letter M: 330 feet from the South line and 380 feet from the West line		
Section 36	Township 19S Range 31E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3480'		
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		
DOWNHOLE COMMINGLE	MIDETIFEE COMPL GASING/CEMENT	
OTHER: OTHER: Set Tubing		
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed		
completion or recompletion.		
3/15/11 Set 2 7/8" 6.5# L-80 tbg @	8754'	RECEIVED
		APR 13 2011
		NMOCD ARTESIA
Spud Date: 9/30/10	Rig Release Date:	10/25/10
<u> </u>		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE	TITLE: Regulatory Analyst	DATE: 4/12/11
Type or print name: Stormi Da	vis E-mail address: <u>sdavis@conchc</u>	presources.com PHONE: (575) 748-6946
For State Use Only Field Supervisor Field Supervisor		
APPROVED BY: Date 4-19-11 Conditions of Approval (if any): TITLE Field Supervisor DATE 4-19-11		