

Submit 1 Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First Street., 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  
October 13, 2009

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

WELL API NO. 30-025-31716
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Prohibition Federal Unit
8. Well Number 2
9. OGRID Number 229137
10. Pool name or Wildcat SWD; Delaware

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 ☒ SWD HOBS OCD

2. Name of Operator  
COG Operating LLC

3. Address of Operator  
2208 W. Main Street, Artesia, NM 88210

MAY 07 2013

4. Well Location  
Unit Letter K : 1980 feet from the South line and 2080 feet from the West line  
Section 11 Township 22S Range 32E NMPM Lea County

RECEIVED

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3746'

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 ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: MIT ☒

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.

4/25/13 Performed mechanical integrity test. (Chart attached.)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stormi Davis TITLE: Regulatory Analyst DATE: 5/7/13  
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

For State Use Only

APPROVED BY: [Signature] TITLE: DIST MGR  
DATE: 5-7-2013  
Conditions of Approval (if any):

MAY 01 2013

