

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION

1200 South St. Francis Dr.
Santa Fe, NM 87505

JUN 08 2017

WELL API NO. 30-025-31033
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MIDWAY 5 LEASE
8. Well Number 001
9. OGRID Number 2810255
10. Pool name or Wildcat MIDWAY STRAWN

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 ☐

2. Name of Operator
COBALT OPERATING, LLC

3. Address of Operator
PO Box 51468 Midland TX, 79710

4. Well Location

Unit Letter 0: 660' feet from the SOUTH line and 1,980' feet from the EAST line
Section 5 Township 17S Range 37E NMPM County LEA

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

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 ☐

SUBSEQUENT REPORT OF:

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

OTHER: Plan to swab test the well. ☒

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.

We will be swab testing the well.

No forms accepted for review while operator is in violation with Inactive WELL Additional Financial Assurance (Warren #2)

Spud Date:

Rig Release Date:

MS Brown
6/8/2017

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

SIGNATURE David Campbell TITLE operations facilitator DATE 6/5/17

Type or print name David Campbell E-mail address: David@cobaltoperating.com PHONE: 432-215-0087

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any):

DENIED