Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
https://www.emnrd.nm.gov/ocd/contact-us

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011

Permit 380366

WELL API NUMBER: 30-025-52427

5. Indicate Type of Lease: State

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: MACHO NACHO STATE COM

1. Type of Well: Oil

8. Well Number: 603H

2. Name of Operator: COG OPERATING LLC

9. OGRID Number: 229137

3. Address of Operator: 600 W Illinois Ave, Midland, TX 79701

10. Pool name or Wildcat

4. Well Location
Unit Letter O : 635 feet from the S line and feet 2110 from the E line
Section 7 Township 24S Range 33E NMPM _____ County Lea

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3574 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit Type _____ Depth to Groundwater_____ Distance from nearest fresh water well_____ Distance from nearest surface water_____

Pit Liner Thickness:_____ 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	☐	ALTER CASING	☐
TEMPORARILY ABANDON	☐	CHANGE OF PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDON	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
Other:				Other: **Spud**			☒

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.

12/22/2024 Spudded well.

SPUD 17½" SURFACE HOLE @ 20:45 HRS ON 12/22/2024

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	Electronically Signed	TITLE	Supervisor Delaware Regulatory	DATE	12/24/2024
Type or print name	Robyn Russell	E-mail address	robyn.m.russell@conocophillips.com	Telephone No.	432-685-4385

For State Use Only:

APPROVED BY:	Sarah K McGrath	TITLE	Petroleum Specialist - A	DATE	12/24/2024