

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 July 18, 2013

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

WELL API NO. 30-015-46381
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name HONEY GRAHAM STATE COM
8. Well Number 701H
9. OGRID Number 229137
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (GAS)

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator COG OPERATING LLC	
3. Address of Operator 2208 W Main St. Artesia, NM 88210	
4. Well Location Unit Letter <u>A</u> : <u>320</u> feet from the <u>NORTH</u> line and <u>745</u> feet from the <u>EAST</u> line Section <u>20</u> Township <u>26S</u> Range <u>28E</u> NMPM County <u>EDDY</u>	
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) <u>3064 GR</u>	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> STATE OF NM COMMISSIONER OF PUBLIC LANDS SURFACE COMMINGLE APPROVAL	

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.

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

STATE OF NEW MEXICO COMMISSIONER OF PUBLIC LANDS SURFACE COMMINGLE APPROVAL

Well API	Well Name	Location (NMPM)	Pool Code
30-015-46381	Honey Graham State Com 701H	A-20-26S-28E	98220
30-015-46385	Honey Graham State Com 702H	D-20-26S-28E	98220
30-015-46386	Honey Graham State Com 703H	D-20-26S-28E	98220

SIGNATURE Jeanette Barron TITLE Regulatory Technician II DATE 09.14.20

Type or print name

Jeanette Barron E-mail address: jbarron@concho.com PHONE: 575-748-6974

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):