

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

EMNRD-OCD ARTESIA Form C-103
 REC'D: 7/27/2020 Revised July 18, 2013

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

WELL API NO. 30-015-24884
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMLG 1637

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 New Mexico DC State
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		8. Well Number #5Y
2. 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 East Millman Queen Grayburg
4. Well Location Unit Letter J : 1980 feet from the S line and 1953 feet from the E line Section 18 Township 19S Range 29E NMPM County Eddy		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3369' GR		

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

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

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.

07/14/20 Moved plugging equipment to location, ND flow line, bled down well. RU Rig. POH w/ rods & pump. Dug out cellar, ND well head. NU BOP. Began POH w/ tbg. 07/15/20 Set 5 1/2" CIBP @ 1856'. Circulated hole w/ MLF. Pressure test csg, test did not hold. Spotted 25 sx class C cmt w/ 2% CACL @ 1856-1603'. WOC. Tagged plug @ 1850'. Pressure tested csg, held 500 PSI. Spotted 25 sx class C cmt w/ 2% CACL @ 1850-1597'. WOC (per Gilbert Cordero w/ NM OCD's request). Tagged plug @ 1590'. Spotted 25 sx class C cmt @ 900-647'. WOC. 07/16/20 Tagged plug @ 630'. Perf'd csg @ 404'. Could not establish injection rate in 8 5/8". Sqz'd 60 sx class C cmt w/ 2% CACL @ 404-100'. WOC. Tagged plug @ 84'. Perf'd 5 1/2" csg @ 82'. Pressured up on perms. ND BOP. Spotted 10 sx class C cmt @ 84' & circulated to surface inside 5 1/2" csg. NU well head. Sqz'd 35 sx class C cmt into perms on 8 5/8" csg @ 82'. Cmt did not circulate. Topped off 8 5/8" csg w/ 20 sx cmt. Riggged down & moved off. 07/22/20 Moved in backhoe and welder, cut off well head, and Gilbert Cordero w/ OCD verified cmt to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

Spud Date:

Rig Release Date: Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

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

SIGNATURE Delilah Flores TITLE: Regulatory Technician DATE: 7/27/2020

Type or print name: Delilah Flores E-mail address: dflores2@concho.com PHONE: 575-748-6946
For State Use Only

APPROVED BY: [Signature] TITLE: Staff Manager DATE: 7/30/2020
 Conditions of Approval (if any):