

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: 4/24/2020 Revised July 18, 2013

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

**\*\*AMENDED**

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL APINO. 30-015-45890
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name Way South ST Com
4. Well Location Unit Letter <u>2</u> : <u>792</u> feet from the <u>South</u> line and <u>835</u> feet from the <u>West</u> line Section <u>31</u> Township <u>26S</u> Range <u>28E</u> NMPM Eddy County		8. Well Number 709H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3159' GR		9. OGRID Number 229137
		10. Pool name or Wildcat Purple Sage; Wolfcamp

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: Completion Operations <input checked="" 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.

**\*\*ADDED MISSING DETAILS FROM PREVIOUS C-103 COMPLETION OP.**

3/9/30 – Ready date.

3/26/20 – Begin flowback.

4/7/20 – Date of first production

gc 4/28/2020

Accepted for record – NMOCD

Spud Date: 6/12/19

Rig Release Date: 8/26/19

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

SIGNATURE: Amanda Avery TITLE: Regulatory Analyst DATE: 4/24/2020

Type or print name: Amanda Avery E-mail address: aaavery@concho.com PHONE: (575) 748-6962

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Conditions of Approval (if any):