

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: 7/13/2020 Revised July 18, 2013

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

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.)		WELL API NO. 30-015-32958
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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. V-5391
3. Address of Operator 2208 W. Main Street Artesia, NM 88210		7. Lease Name or Unit Agreement Name Coinflip State
4. Well Location Unit Letter D : 990 feet from the N line and 660 feet from the W line Section 18 Township 20S Range 30E NMPM County Eddy		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3312' GR		9. OGRID Number 229137
		10. Pool name or Wildcat Wildcat; Bone Spring

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 checked="" 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 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.

06/29/20 MIRU plugging equipment. 06/30/20 Dug out cellar. Placed tbg & csg on vacuum. Began POH w/ rods. 07/01/20 Continued POH w/ rods. ND well head, NU BOP. Began POH w/ tbg. 07/02/20 Finished POH w/ tbg. RIH w/ 163' jts. 07/06/20 Bled down well. Tagged existing 5 1/2" CIBP @ 8367'. Pum'd 50 BBLS Brine H2O & spotted 25 sx class C cmt w/ 2% CACL @ 8367-8114'. WOC. Tagged plug @ 8106'. 07/07/20 Set 5 1/2" @ 6552'. Spot 25 sx class C cmt w/ 2% 6552-6299'. WOC. Tagged plug @ 6312'. Perf'd csg @ 3738'. Pressured up to 900 PSI. Spot 25 sx cmt @ 3788-3535'. WOC. 07/08/20 Tagged plug @ 3545'. Perf'd csg @ 1489'. Established injection rate out of 8 5/8" csg. Pressured up on 13 3/8" csg. Sqz'd 70 sx class C cmt w/ 2% CACL @ 1459-1371'. WOC. Tagged plug @ 1358'. Perf'd 5 1/2" csg @ 350'. Established injection rate out of 5 1/2" & 8 5/8", pressured up on 13 3/8" csg. Sqz'd 80 sx class C cmt @ 350' & circulated to surface. Pump'd 20 sx class C cmt down 13 3/8" annulus to top off well but could not squeeze into 13 3/8". Rigged down & moved off. 07/09/20 Moved in backhoe and welder, dug out cellar, cut off well head, and Gilbert Cordero w/ OCD verified cement to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

Spud Date:

Rig Release Date:

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: 7/13/2020

Type or print name: Delilah Flores

E-mail address: dflores2@concho.com

PHONE: 575-748-6946

APPROVED BY: [Signature] TITLE: Staff Manager DATE: 7/17/2020

Conditions of Approval (if any):