

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

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

EMNRD-OCD ARTESIA Form C-103
REC'D: 7/29/2020 Revised July 18, 2013

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		WELL APINO. 30-015-46381
2. Name of Operator COG Operating LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		6. State Oil & Gas Lease No.
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 <u>Eddy</u> County		7. Lease Name or Unit Agreement Name Honey Graham State Com
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3064' GR		8. Well Number 701H
		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

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: 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.

4/15/20 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 21,474'. Test to 11,601#.

6/6/20 to 6/14/20 Perf 9,550 – 21,364' (1450). Acidz w/ 5,292 gal 7-1/2%; frac w/ 24,660,445# sand & 23,356,284 gal fluid.

7/2/20 to 7/3/20 Drill out CFP's. Clean down to PBTD @ 21371'.

7/4/20 to 7/6/20 Set 27/8" 6.5# L-80 tbg @ 8,824' & pkr @ 8,814'. Installed gas lift system.

Spud Date: 10/27/19 Rig Release Date: 12/6/20

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: 7/28/2020

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

For State Use Only

APPROVED BY: [Signature] TITLE: Staff Manager DATE: 7/31/2020
Conditions of Approval (if any):

8/19/2020 AB