

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
REC'D: 8/05/2020

Form C-103
Revised July 18, 2013

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

WELL APINO. 30-015-46385	
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 702H	
9. OGRID Number 229137	
10. Pool name or Wildcat Purple Sage; Wolfcamp	
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 Street, Artesia, NM 88210	
4. Well Location Unit Letter <u>D</u> : <u>320</u> feet from the <u>North</u> line and <u>1185</u> feet from the <u>West</u> line Section <u>20</u> Township <u>26S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3083' GR	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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.

4/17/20 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 21,680'. Test to 11,639#.

6/17/20 to 7/1/20 Perf 9,515 – 21,655' (1050). Acdz w/ 0 gal 7-1/2%; frac w/ 36,531,916# sand & 23,880,402 gal fluid.

7/5/20 to 7/6/20 Drill out CFP's. Clean down to PBTD @ 21,680'.

7/8/20 to 7/9/20 Set 2 7/8" 6.5# L-80 tbg @ 8,834' & pkr @ 8,824'. Installed gas lift system.

7/9/20 Ready date.

8/3/20 Began flowback and testing.

8/5/20 Date of first production.

Spud Date:

11/7/19

Rig Release Date:

1/17/20

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: 7/30/2020

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: 8/11/2020
Conditions of Approval (if any):

8/19/2020 AB