

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

Form C-103  
Revised July 18, 2013

<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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL APINO. 30-015-46598 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No.
2. Name of Operator COG Operating LLC		7. Lease Name or Unit Agreement Name Daisy 24 State Com
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		8. Well Number 506H
4. Well Location Unit Letter <u>A</u> : <u>221</u> feet from the <u>North</u> line and <u>681</u> feet from the <u>East</u> line Section <u>24</u> Township <u>25S</u> Range <u>27E</u> NMPM <u>Eddy</u> County		9. OGRID Number 229137
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3088' GR		10. Pool name or Wildcat Hay Hollow; 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 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.

3/19/20 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 18,165'. Test to 9,513#. Test good.

7/27/20 to 8/11/20 Perf 8,020 – 18,140' (960). Acdz w/ 5,807 bbls 7-1/2%; frac w/ 30,818,096# sand & 31,340,862 gal fluid.

8/21/20 to 8/23/20 Drill out CFP's. Clean down to PBTD @ 18,143'.

8/23/20 to 8/24/20 Set 2 7/8" 6.5# L-80 tbg @ 7,350' & pkr @ 7,340'. Installed gas lift system.

8/24/20 – Ready date.

9/15/20 Began flowback and testing.

Spud Date: 2/8/20 Rig Release Date: 3/9/20

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: 9/15/2020

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: 9/23/2020  
Conditions of Approval (if any):