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Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103		
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources			Revised August 1, 2011 WELL API NO. C		
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OIL CONGERNMENTON PRIMATON			30-025-26105		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate T	ype of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.				E FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505			6. State Oil	& Gas Lease No.	
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				7. Lease Name or Unit Agreement Name SRO SWD		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other <u>SWD</u>				8. Well Number		
2. Name of Operator				9. OGRID Number		
COG Operating LLC				229137		
3. Address of Operator				10. Pool name or Wildcat		
2208 W. Main Street, Artesia, NM 88210				SWD; Delaware		
4. Well Location	- <u></u>	· · · · · · · · · · · · · · · · · · ·				
Unit Letter <u>G</u> :	<u>1980</u> feet	from the <u>No</u>	orth line and	<u>1980</u> fee	et from the <u>East</u>	t line
Section 5	Township		ange 28E	NMP	M Eddy	County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3026' GR						
12 Check	Appropriate Box	to Indicate N	ature of Notice	Report or Ot	ther Data	
			1	-		
	NTENTION TO:				REPORT OF	
PERFORM REMEDIAL WORK			REMEDIAL WOR		ALTERING P AND A	
PULL OR ALTER CASING						
	:	·	O, (OIITO, O'LINEI			
OTHER:			OTHER:	° MIT		\boxtimes
13. Describe proposed or composed of starting any proposed w proposed completion or re-	ork). SEE RULE 19					
proproduction of the						
3/13/13 to 3/15/13 MIRU WSU. F	OOH w/tbg & pkr.			Г	RECEIV	ED
3/18/13 Test csg to 500#. RD WS	U & clean location.				APR 01 20	013
Chart is attached.	p fosition	PROVER	WAS SET	AT	NMOCD AR	TESIA
	10.00			· (
I hereby certify that the information	above is true and c	omplete to the b	est of my knowled	ge and belief.		. <u></u>
		•	-	-	· .	
SIGNATURE	Jarns		Regulatory Analyst			8/13
Type or print name: <u>Stormi Da</u>	<u>tVIS</u>	E-mail addres	s: <u>sdavis@concl</u>	10.com	PHONE: <u>(57</u>	<u>5) 748-6946</u>
For State Use Only			·			
APPROVED BY: Conditions of Approval (if any):	INAUS	_ TITLE Con	APLAnce O	Filer	DATE 4/14	13

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