

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
June 19, 2008

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

WELL API NO. 30-015-
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. Federal Lease # NMMN-7724
7. Lease Name or Unit Agreement Name Santa Elena 19 Federal
8. Well Number 3H
9. OGRID Number 229137
10. Pool name or Wildcat Wildcat; Yes

**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  Gas Well  Other

2. Name of Operator  
**COG Operating LLC**

3. Address of Operator  
**One Concho Center, 600 W. Illinois Ave., Midland, TX 79701**

4. Well Location  
Unit Letter L : 2110 feet from the South line and 330 feet from the West line  
Section 19 Township 16S Range 30E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3738' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING  MULTIPLE COMPL   
DOWNHOLE COMMINGLE

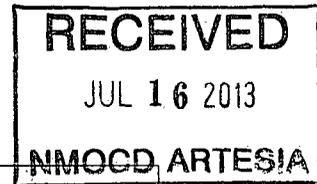
SUBSEQUENT REPORT OF:

- REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  P AND A   
CASING/CEMENT JOB

OTHER: Drill with Closed Loop System  OTHER:

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**COG Operating LLC respectfully request to drill this well with a closed loop system.**



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 Robyn M. Odom TITLE Regulatory Analyst DATE 07/15/2013

Type or print name Robyn M. Odom E-mail address: rodom@concho.com PHONE: 432-685-4385

For State Use Only

APPROVED BY: [Signature] TITLE Dist # Supervisor DATE 7/16/2013  
Conditions of Approval (if any):