Submit 1 Copy To Appropriate District Office District II - (575) 393-6161State of New Mexico Energy, Minerals and Natural Resources1625 N. French Dr., Hobbs, NM 88240 District III - (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 87505OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505SUNDRY NOTICES AND REPORTS ON WELLS	Form C-103 Revised August 1, 2011 WELL API NO. 30-015-21398 7. Indicate Type of Lease STATE FEE 7. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name
(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 SWD 2. Name of Operator	 8. Well Number 9. OGRID Number
 2. Name of Operator <u>COG Operating LLC</u> 3. Address of Operator <u>2208 W. Main Street, Artesia, NM 88210</u> 4. Well Location <u>Unit Letter <u>G</u>: <u>1980</u> feet from the <u>North</u> line and <u>198</u> <u>Section 16</u> Township 26S <u>Range 28E</u> <u>11. Elevation (Show whether DR, RKB, RT, GR, etc.</u> <u>3024' GR</u></u> 	229137 10. Pool name or Wildcat SWD; Devonian 30 feet from the East line NMPM Eddy County
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 OTHER: OTHER: OTHER: Test for packer, on/off tool or tubing leak 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.	
11/9/14 to 11/22/14 POOH w/tbg & pkr. Found packer leak. RIH & set 4 1/2" Glassbore to 1500# w/no leak-off. Ran MIT to 535#. No leak-off.	✔ tbg & pkr @ 14400'. Load & test csg
AR []	CONSERVATION TESIA DISTRICT EC 1 8 2014 RECEIVED
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE	DATE: <u>12/17/14</u>
Type or print name: <u>Stormi Davis</u> E-mail address: <u>sdavis@conche</u>	p.com PHONE: (575) 748-6946
For State Use Only APPROVED BY: Proven (Marce Of Conditions of Approval (if any): TITLE Completence Of Conditions of Approval (if any):	HIEF DATE 12/24/14

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