

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.  
**STATE***State Surf*6. If Indian, Allottee or Tribe Name *Misc.***SUBMIT IN TRIPLICATE - Other instructions on page 2**7. If Unit or CA/Agreement, Name and/or No.  
NMNM82041X

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.  
ETZ STATE UNIT 1042. Name of Operator  
COG OPERATING LLCContact: KANICIA CASTILLO  
E-Mail: kcastillo@concho.com9. API Well No.  
30-015-20687-00-S13a. Address  
600 W ILLINOIS AVENUE  
MIDLAND, TX 797013b. Phone No. (include area code)  
Ph: 432-685-433210. Field and Pool or Exploratory Area  
GRAYBURG

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 16 T17S R30E SENW Tract 1

11. County or Parish, State

EDDY COUNTY, NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Please see attached NOI/Subsequent sundry notices that were sent and approved by the OCD.

*AC 2-16-18*  
**Accepted for record - NMCD****NM OIL CONSERVATION**  
ARTESIA DISTRICT

FEB 15 2018

RECEIVED

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #402152 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by JAMES AMOS on 01/24/2018 (18JA0128SE)	
Name (Printed/Typed) KANICIA CASTILLO	Title PREPARER
Signature (Electronic Submission)	Date 01/24/2018
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>	
Approved By <i>James A. Amos</i>	Title <i>Supv. PET</i>
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office <i>Carlsbad</i>
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 244-2288  
811 S. First St., Mesita, 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  
October 13, 2009

<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.)		WELL API NO. <b>30-015-20687</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>COG Operating, LLC</b>		6. State Oil & Gas Lease No. <b>B-2130</b>
3. Address of Operator <b>600 W. Illinois, Midland, TX 79701</b>		7. Lease Name or Unit Agreement Name <b>ETZ State Unit</b>
4. Well Location Unit Letter <b>H</b> : <b>1980</b> feet from the <b>N</b> line and <b>660</b> feet from the <b>E</b> line Section <b>16</b> Township <b>17S</b> Range <b>30E</b> NMPM County <b>Eddy</b>		8. Well Number <b>104</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3688' GR</b>		9. OGRID Number <b>229137</b>
		10. Pool name or Wildcat <b>Grgb-Jackson, SR-Q-GRBG-SA</b>

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" 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"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

- Set 5 1/2 CIBP @ 2070'. Circulate hole w/ MLF. Pressure test csg. Spot 25 sx cmt @ 2070-9970' (Queen Perfs) - **WOC & TAG**
- Perf & Sqz 50 sx cmt @ 1100-1000'. (B/Salt) - **WOC & TAG**
- Perf & Sqz 50 sx cmt @ ~~585-475~~ **525-475**. WOC & Tag (T/Salt & Shoe) - **525' TO 475'**
- Perf & Sqz 45 sx @ 60'-Surface.
- Cut off well head, verify cmt to surface, weld on dry hole marker.

Spud Date:

Rig Release Date:

**WELL MUST BE PLUGGED BY 3/20/2018**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Abigail Montgomery*

TITLE

*Agent*

DATE

*3-17-17*

Type or print name

*Abigail Montgomery*

E-mail address:

*abbym@bcmmandassociates.com*

PHONE:

*432-580-7161*

For State Use Only

APPROVED BY:

*Robert 2 Byrd*

TITLE

*COMPLIANCE OFFICER*

DATE

*3/20/2017*

Conditions of Approval (if any):

**SEE ATTACHED COA-5**

Concho

30-015-20687

32.8363953

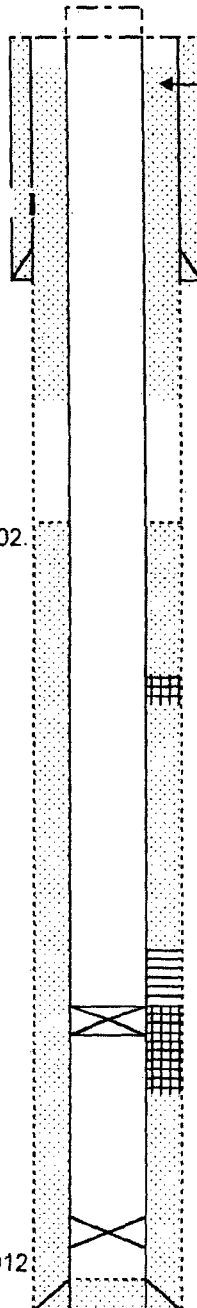
-103.9705887

Lease & Well #

ETZ State Unit # 104

Elevation - 3688

KB -



12/15/82: Braden head squeezed w/125 sx.

8 5/8" 20# @ 525', 100 sx cmt, circ.

11/18/1989: Tubing: ?? Jts 2 3/8"

Rods: 1 1/4" x 22' PR  
2- 8", 1- 4' 3/4" ponies  
112- 3/4"  
2' x 3/4" pony.  
2 x 1.5 . 12' THD pump

Top of cement @ 1302.

10/10/1976

**Perforate Queen Sand** (Set CIBP @ 2250')

2116 - 2124, 16 holes.

Fraced w/30,000 gal GW + 30,000 # sd.

\*\*\*\*11/14/89: Squeezed Queen perfs w/123 sx.

\*\*\*12/15/82: Knocked out CIBP acidized GB/SA  
w/1800 gal, ran tbq to 3228', put on pump.

7/26/1972

**Perforate Grayburg/San Andres:**

2575 - 3982, 90- 0.35" HOLES.

Fraced w/ 188,000 gal gel wtr + 185,000 # sd.

\*\*\*\*11/18/89: Set CIBP @ 2925' + 25' cmt on top.

12/17/82: Pushed CIBP to 4008'

Cmt w/600 sx

5 1/2" 15.5 & 17# J-55 used csg @ 4045'.

PBTD - 4012

Concho

30-015-20687

32.8363953

-103.9705887

Lease & Well #

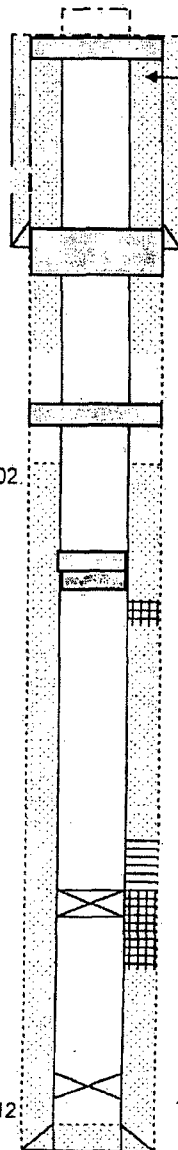
ETZ State Unit # 104

Elevation - 3688

8 5/8" 20# @ 525', 100 sx cmt, circ.

Top of cement @ 1302

PBTD - 4012



4. Perf & Sqz 45 sx @ 60' Surface.

12/15/82: Braden head squeezed w/125 sx.

525-475

3. Perf & Sqz 50 sx cmt @ 685-475 WOC & Tag (T/Salt & Shoe)

2. Perf & Sqz 50 sx cmt @ 1100-1000' (B/Salt) - WOC & TAG

1. Set 5 1/2 CIBP @ 2070'. Circulate hole w/ MLF. Pressure test csg.  
Spot 25 sx cmt @ 2070-9970' (Queen Perfs) WOC & TAG

10/10/19/6

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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  
August 1, 2011

WELL API NO. <b>30-015-20687</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-2130</b>
7. Lease Name or Unit Agreement Name <b>ETZ State Unit</b>
8. Well Number <b>104</b>
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>Grybrg=Jackson, SR-Q-GRBG-SA</b>

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11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3688GR</b>

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: ☐

SUBSEQUENT REPORT OF:

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

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

06/28/17 MIRU plugging equipment. Backed off rods, POH w/ rods. ND wellhead, NU BOP. POH w/ tbg and rods and pump. 06/29/17 Set 5 1/2 CIBP @ 2060. Circulated hole w/ MLF. Spotted 20 sx class C w/ 2 % CACL @ 2060-1813. WOC. Tagged plug @ 1813'. Perf'd csg @ 1100'. Sqz'd 50 sx class C w/ 2% CACL and displaced to 1000'. WOC. Tagged plug @ 960'. Perf'd csg @ 525'. Sqz'd 50 sx class C and displaced to 475. WOC. 06/30/17 No Tag. Re-Sqz'd 50 sx class C w/ 2 % CACL and 2 bags of LCM. Displaced to 425'. WOC. No Tag. Re-Sqz'd 50 sx class C w/ 2 % CACL and displace to 425. WOC. 07/05/17 No TAG. Pumped 2 bags LCM. Wait one hour. Re-Sqz'd 50 sx class C w/ 2 % CACL and displaced to 425'. WOC. Tagged plug @ 431'. Perf'd csg @ 60'. Sqz'd 40 sx class C and circulated to surface. Rigged Down moved off. 07/06/17 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleared wellhead and moved off.

Approved for plugging of wellbore  
Liability under bond is retained by operator  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OGD Web Page under  
Forms. www.cmrnd.state.nm.us/ocd.

NM OIL CONSERVATION  
ARTESIA DISTRICT  
JUL 19 2017

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

RECEIVED

SIGNATURE

*K. Castillo*

TITLE

*Lead Regulatory Analyst*

DATE

*7/14/17*

Type or print name

*Kamicia Castillo*

E-mail address:

*kcastillo@lancho.com*

PHONE:

*432-685-4332*

For State Use Only

APPROVED BY:

*Robert J. Byrd*

TITLE

*COMPLIANCE OFFICER*

DATE

*7/19/2017*

Conditions of Approval (if any):