

|  |   | ARTESIA DIS            | KIO.                                      |                                |
|--|---|------------------------|---|--------------------------------|
| Submit One Copy To Appropriate District Office   | State of New Me<br>Energy, Minerals and Natu  | exico FEB 26           | 20%                                       | Form C-103<br>January 20, 2011 |
| <u>District 1</u><br>1625 N. French Dr., Hobbs, NM 88240   | Energy, witherars and Natu  | iai Resources          | MELL API NO.                              | January 20, 2011               |
| District II OIL CONSERVATION DIVISION  |   |                        | 30-015-35342                              |                                |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III  | bbs, NM 88240  ortesia, NM 88210  OIL CONSERVATION DIVISION  1220 South St. Francis Dr. |                        | 5. Indicate Type of L                     |                                |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | NM 87410 Santa Fe, NM 87505   |                        | SIAIL 🔼                                   | FEE                            |
| District IV  1220 S. St. Francis Dr., Santa Fe, NM   |   | 6. State Oil & Gas Le  | ease No.                                  |                                |
| 87505  |   |                        |   |                                |
| (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA"   |   | UG BACK TO A           | 7. Lease Name or Un<br>Winchester 5 State | it Agreement Name              |
| PROPOSALS.)  1. Type of Well:  Oil Well Gas Well Other SWD   |   |                        | 8. Well Number 001                        |                                |
| 2. Name of Operator  |   |                        | 9. OGRID Number                           |                                |
| COG Operating LLC  |   |                        | 229137                                    |                                |
| 3. Address of Operator   |   |                        | 10. Pool name or Wil                      |                                |
| 600 W Illinois Ave, Midland, TX 797  | ′01   |                        | Salt Draw; Morrow, V                      | Vest (Gas)                     |
| 4. Well Location   |   |                        |   |                                |
| Unit Letter K: 1004 feet   | from the South line and 1986 fee  | et from the West line  | ;   |                                |
|  | S Range 28E NMPM County   |                        |   |                                |
|  | 11. Elevation (Show whether DR)   |                        |   |                                |
| 10 (1 1 4  | 3007'   |                        |   |                                |
| 12. Check Appropriate Box to I   | indicate Nature of Notice, R  | Report or Other D      | ata                                       |                                |
| NOTICE OF INT  | ENTION TO:  | SUB                    | SEQUENT REPO                              | RT OF                          |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR  |   |                        |   | TERING CASING 🔲                |
| TEMPORARILY ABANDON 🔲  |   |                        |   | AND A                          |
| PULL OR ALTER CASING   | MULTIPLE COMPL  | CASING/CEMENT          | JOB 🗆                                     |                                |
| OTHER:   |   | N                      |   |                                |
| OTHER:    Description   Descri |   |                        |   |                                |
| Rat hole and cellar have been filled   |   |                        |   | osure plan.                    |
| A steel marker at least 4" in diame  |   |                        |   |                                |
|  | SE NAME, WELL NUMBER, A   |                        |   |                                |
|  | TOWNSHIP, AND RANGE.  |                        | <u>N HAS BEEN WELD</u>                    | DED OR                         |
| PERMANENTLY STAMPE   | ED ON THE MARKER'S SUR  | FACE.                  |   |                                |
|  | early as possible to original grou  | nd contour and has l   | been cleared of all junk                  | trash, flow lines and          |
| other production equipment.  | early up possible to original grou  |                        |   |                                |
| Anchors, dead men, tie downs and   |   |                        |   |                                |
| ☐ If this is a one-well lease or last re   |   | • •                    |   | -                              |
| OCD rules and the terms of the Operation lease and well location.  | or's pit permit and closure plan.   | All flow lines, prod   | uction equipment and ju                   | ink have been removed          |
| <ul><li>✓ All metal bolts and other materials</li></ul>  | have been removed. Portable ba  | ses have been remo     | ved. (Poured onsite con                   | crete bases do not have        |
| to be removed.)  |   |                        | (2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |                                |
|  |   |                        |   |                                |
| Pipelines and flow lines have been   | abandoned in accordance with  | 19.15.35.10 NMAC.      | All fluids have been re                   | emoved from non-               |
| retrieved flow lines and pipelines.  | 202 - 11 - 1000 - 11 -1000  | 1 ' 1                  | 11: 44 : 1 1                              |                                |
| If this is a one-well lease or last recompany equipment, has been removed  |   | cai service, poies an  | d lines, not to include p                 | orimary service                |
| When all work has been completed, ref  |   | District office to sch | edule an inspection                       | Plussol                        |
| , men um werk has eeen eempreteu, ret  | and this form to the appropriate i  |                        | oddio dir mopoviion.                      | Plugged                        |
|  |   |                        |   | ×11.                           |
| SIGNATURE >- )   | TITLE_S   | Senior Engineering     | <u>Tech</u> DATE <u>2/2</u>               | 1/18                           |
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| <del>-</del>   | _   | ~/ A                   |   | - a <b>.</b>                   |
| APPROVED BY:   | TITLE S   | Staff Ms-              | DA  | ATE 2-28-18                    |
| Conditions of Approval (if any):   |   | , — , — ,              |   |                                |