

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
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
Revised July 18, 2013

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 SWD

2. Name of Operator
COG Operating LLC

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

4. Well Location
Unit Letter M : 660 feet from the South line and 560 feet from the West line
Section 24 Township 17S Range 29E NMPM County Eddy

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

WELL API NO.

30-015-03068

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
Federal Lease No. NMLC028784B

7. Lease Name or Unit Agreement Name

Burch Keely Unit

8. Well Number 113

9. OGRID Number
229137

10. Pool name or Wildcat
SWD; Upper Penn

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: MIT ☒

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.

5/04/2018 MI STONE PUMP TRUCK, PJSM, JSA, PRESSURE CSG TO 500 PSI, HOLD AND RECORD ON CHART FOR 30 MINUTES, BLEED PRESSURE OFF, OCD ON LOCATION, ACIDIZE VIA 2 7/8 TBG, WITH 4500 GALS 15% HCL DOUBLE INHIBITED ACID, 2 BPM @ 900 PSI, FLUSH WITH 54 BBLS PRODUCED WATER 2 BPM @ 1200 PSI, ISIP 800 PSI, SECURE WELL, LET ACID SOAK FOR 4 HOURS

RECEIVED

MAY 14 2018

DISTRICT II-ARTESIA O.C.D.

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 Dana King TITLE Permit Specialist II DATE 5/09/18

Type or print name Dana King E-mail address: dking@concho.com PHONE: (432) 818-2267

For State Use Only

APPROVED BY: Russell New TITLE Compliance Officer DATE 5/16/18
Conditions of Approval (if any):