Submit One Copy To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210  State of New Me Energy, Minerals and Natural Construction OIL CONSERVATION		Form C-103	
District II  811 S. First St., Artesia, NM 88210  District III  1000 Bis Breeze Bd. Artes NM 87410  District III  1000 Bis Breeze Bd. Artes NM 87410  Energy, Minerals and Natural Resources  Energy, Minerals and Natural Resources  OIL CONSERVATION DIVISION  Six Breeze Bd. Artes NM 87410  Six Breeze Bd. Artes NM 87410  Energy, Minerals and Natural Resources  Six Breeze Bd. Artes NM 87410  Six Breeze Bd. Artes NM 87410		Revised November 3, 2011 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240		30-015-33716	
811 S. First St., Artesia, NM 88210	DIVISION	5. Indicate Type of Lease	
District III QC South St. Fran	ncis Dr.		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		o. State Off	& Gas Lease No.
87505 <b>DISTR</b>			
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name	
		1	New Mexico Z State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			
PROPOSALS.)  1. Type of Well: ⊠Oil Well □ Gas Well □ Other		8. Well Number	
1. Type of well. Moli well das well duter		#4	
2. Name of Operator		9. OGRID Number	
COG Operating LLC		229137	
3. Address of Operator		10. Pool name or Wildcat	
2208 W. Main Street, Artesia NM 88210		Millman; Yates	
4. Well Location			
Unit Letter A: 330 feet from the North line and 990 feet from the East line			
Section 12 Township 19S Range		NMPM	County Eddy
11. Elevation (Show whether DR,	Terminal Control of the Control of t	į	
338		1	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐			∐ PANDA LI
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB			LJ ,
OTHER:			
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.			
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.			
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			
OPERATOR NAME, LEASE NAME, WELL NUMBER, A	API NUMBER, OU	ARTER/OU	ARTER LOCATION OR
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR			
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
☐ The location has been leveled as nearly as possible to original grou	nd contour and has b	een cleared o	of all junk, trash, flow lines and
other production equipment.			
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.			
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with			
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed			
from lease and well location. Electric Box All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have			
to be removed.)			
All other environmental concerns have been addressed as per OCD rules.			
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-			
retrieved flow lines and pipelines.			16 1 1 11
☐ If this is a one-well lease or last remaining well on lease: all electri			een removed from lease and well
location, except for utility's distribution infrastructure. Request has been	en sent to CVE to re	move poles.	
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When all work has been completed, return this form to the appropriate I	district office to sche	edule an inspe	ection.
1			
SIGNATURE Amanda Avery TITLE:	Regulatory Tech II		DATE <u>10/24/18</u>
V			
TYPE OR PRINT NAME Amanda Avery E-MAII	L: aavery@concho.c	com	PHONE: <u>575-748-6962</u>
For State Use Only		_	
DENIED	DENIED		DATE 11-16-18
APPROVED BY: DATE 1 / 6 / 6			
Conditions of Approval (if any):			