

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
NMI OIL CONSERVATION
Energy, Minerals and Natural Resources
DEC 31 2018
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED

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.)		WELL API NO. 30-015-03783
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 COG Operating, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name RJ Unit
4. Well Location Unit Letter C : 1280 feet from the N line and 1345 feet from the W line Section 35 Township 17S Range 29E NMPM County Eddy		8. Well Number 125
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3549' GR		9. OGRID Number 229137
		10. Pool name or Wildcat Grayburg-Jackson; SR-Q-G-SA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>			
CLOSED-LOOP SYSTEM <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.

Notify OCD 24 hrs. prior to
any work done.

- Set 7" CIBP @ 2430'. Circulate hole w/ MLF. Pressure test csg. Spot 25 sx cmt @ 2430-2330'. -
- Perf & Sqz 50 sx cmt @ 1100-1000'. WOC & Tag
- Perf & Sqz 75 sx cmt @ 548'-348'. WOC & Tag
- Perf & Sqz 50 sx cmt @ 60'-Surface
- Cut off well head, verify cmt to surface, weld on Dry Hole Marker.

Needs to be submitted
to BLM -
federal well.
ry

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 Abigail Anderson TITLE Agent DATE 12/26/2018
Type or print name Abigail Anderson E-mail address: abbym@bcmmandassociates.com PHONE: 432-580-7161
For State Use Only

APPROVED BY: _____
Conditions of Approval (if any): _____

TITLE

DENIED

DATE 1-8-2019