

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

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-015-24401</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>LG 1637</b>
7. Lease Name or Unit Agreement Name <b>New Mexico DC State</b>
8. Well Number <b>2</b>
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>Palmillo; Upper Penn &amp; Palmillo; Wolfcamp, W</b>

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <b>COG Operating, LLC</b>	
3. Address of Operator <b>600 W. Illinois Ave, Midland, TX 79701</b>	
4. Well Location Unit Letter <b>I</b> : <b>1780</b> feet from the <b>S</b> line and <b>660</b> feet from the <b>E</b> line Section <b>18</b> Township <b>19S</b> Range <b>29E</b> NMPM County <b>Eddy</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3359' GR</b>	

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 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 checked="" 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.

02/19/19 MIRU plugging equipment. POH w/ rods, tbg, & pump. Dug out cellar. Pump'd brine H2O in hole to kill well. NU BOP. RIH & tagged existing 5 1/2" CIBP @ 3150'. 02/20/19 Set 5 1/2" CIBP @ 1906'. Circulated hole w/ salt gel. Pressure tested csg, held 500 PSI. Spotted 25 sx class C cmt @ 1906-1656'. WOC. Tagged plug @ 1650'. Perf'd csg @ 1636', could not establish injection rate, pressured up on perfs to 500 PSI. Spotted 50 sx class C cmt @ 1650-1150'. WOC. 02/21/19 Tagged plug @ 1135'. Spotted 25 sx class C cmt @ 1025-775'. WOC. Tagged plug @ 770'. Perf'd csg @ 662', could not establish an injection rate, pressured up to 500 PSI. Spotted 50 sx class C cmt @ 712-200'. WOC. Tagged plug @ 220'. Perf'd @ 100' (Gilbert Cordero with NM OCD approved perf). ND BOP, NU wellhead flange. Sqz'd 50 sx class C cmt @ 100' & circulated to surface. 02/22/19 Verified cmt to surface, rigged down, & moved off. 02/25/19 Moved in backhoe and welder, dug out cellar, cut off well head. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, & moved off.

RECEIVED

Spud Date:

Rig Release Date:

MAR 07 2019

DISTRICT II-ARTESIA O.C.D.

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

SIGNATURE

TITLE Regulatory Technician

DATE 3/4/2019

Type or print name Delilah Flores

E-mail address: [dflores2@concho.com](mailto:dflores2@concho.com)

PHONE: (575)748-6946

For State Use Only

APPROVED BY:

TITLE

Staff

DATE

3/7/19

Conditions of Approval (if any):

ENTERED  
4-9-19