Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District [Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District_II		WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-44003
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SLINDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Myox 21 State Com
1. Type of Well: Oil Well	Gas Well Other ARTESIA DISTRICT	8. Well Number 33H
2. Name of Operator	ARTESIA DISTRICT	9. OGRID Number
COG Operating LLC	MAR 0.7 2019	229137
3. Address of Operator		10. Pool name or Wildcat
2208 W. Main Street, Artesia,	NM 88210	Purple Sage; Wolfcamp
4. Well Location		
Unit Letter M: 215 feet from the South line and 820 feet from the West line		
Section 21	Township 25S Range 28E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)
	2990.7'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check Appropriate box to indicate Nature of Notice, Report of Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING		IT JOB
DOWNHOLE COMMINGLE		
OTHER: Withdraw APD	OTHER:	
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.		
COG Operating LLC respectfully requests approval to withdraw the above referenced APD. APT number 3, 9-2019 Cancelled 3, 9-2019		
COG Operating LLC respectfully requests approval to withdraw the above referenced APD. APT Number 3.4-2017		
Cancelled		
100 10 relia 2019		
Apo cancelled		
		0
Spud Date:	Rig Release Date:	
<u> </u>		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
$u \cap A \cap B$		
SIGNATURE TITLE: Senior Regulatory Analyst DATE: 3/6/2019		
Type or print name: Mayte Reves E-mail address: mreves1@conchoresources.com PHONE: (575) 748-6945 For State Use Only		
APPROVED BY: Saymond 2. Judsmy TITLE Greo 109'3/ DATE 3-7-19		
Conditions of Approval (if any):		