Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I	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		30-015-44004 5. Indicate Type of Lease	┥
District III	1220 South St. Francis Dr.		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				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		S NG BACK TO A	7. Lease Name or Unit Agreement Name	7
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C 101) FOR SUCH (A TIO)		Myox 21 State Com	╛	
			8. Well Number]
1. Type of Well: Oil Well	Gas Well Other ARTESIA DISTRICT		34H	4
2. Name of Operator COG Operating LLC	MAR 0 7 2019		9. OGRID Number 229137	1
3. Address of Operator			10. Pool name or Wildcat	1
2200 W Main Street America NBA 00210		CEIMED	Purple Sage; Wolfcamp	1
4. Well Location				
Unit Letter M:	215 feet from the South	line and 850	feet from theWest line	
Section 21		Lange 28E	NMPM Eddy County	
	11. Elevation (Show whether Di			┪
		0.6'		
12. Check Appropriate Box to	Indicate Nature of Notice, R	eport or Other Da	ata	
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NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			-	
TEMPORARILY ABANDON				
DOWNHOLE COMMINGLE	MOLTIPLE COMPL	CASING/CEMEN	T JOB	
OTHER: Withdraw APD		OTHER:		
		1		_
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.				
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not number a 2019				
COG Operating LLC respectfully requests approval to withdraw the above referenced APD. API number 39-30 PS Cancelled 39-30 PS				
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APU cancelled 19				
Aro ca 3 - 9 - 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			V	
Spud Date:	Rig Release I	Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE: Senior Regulatory Analyst DATE: 3/6/2019				
Type or print name: Mayte Reves E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945				
For State Use Only				
APPROVED BY: Saymond Stolary TITLE Greater 37 DATE 3-7-19 Conditions of Approval (if any):				_