

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-015-41402
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		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 2208 W Main St. Artesia, NM 88210		7. Lease Name or Unit Agreement Name APPLE 5 STATE SWD
4. Well Location Unit Letter <u>B</u> : 990 feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>5</u> Township <u>26S</u> Range <u>28E</u> NMPM EDDY County		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3017' GR		9. OGRID Number 229137
		10. Pool name or Wildcat DEVONIAN

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 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: MECHANICAL INTEGRITY TEST (MIT) <input checked="" 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.

Post work order test on 02.05.19. Please see attached.

RECEIVED

MAR 25 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 Jeanette Barron TITLE Regulatory Analyst DATE 02.21.19

Type or print name Jeanette Barron E-mail address: jbarron@concho.com PHONE: 575-748-6974

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 3-25-19  
Conditions of Approval (if any):

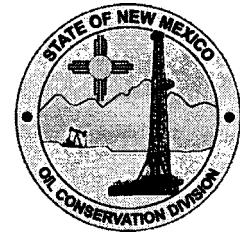
State of New Mexico  
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham  
Governor

Sarah Cottrell Propst  
Cabinet Secretary Designate

Todd E. Leahy, JD, PhD  
Deputy Secretary

Gabriel Wade, Acting Director  
Oil Conservation Division



Date: 2-5-19

API# 30-015-41402

A **Mechanical Integrity Test (M.I.T.)** was performed on, Well Apple 5 state SWO #001

X **M.I.T. is successful**, the original chart has been retained by the Operator on site. Send a **legible** scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, [www.emnrd.state.nm.us/ocd/OCDOOnline.htm](http://www.emnrd.state.nm.us/ocd/OCDOOnline.htm) 7 to 10 days after postdating.

\_\_\_\_ **M.I.T. is unsuccessful**, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.

**No expectation of extension should be construed because of this test.**


\_\_\_\_ **M.I.T. for Temporary Abandonment**, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

\_\_\_\_ **M.I.T. is successful**, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

\_\_\_\_ **M.I.T. is successful**, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact **Rusty Klein** at **575-748-1283 x109** for verification to ensure documentation requirements are in place prior to injection process.

**If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.**

Thank You,  
  
Dan Smolik, Compliance Officer  
EMNRD-O.C.D.  
District II – Artesia, NM



