Submit One Copy To Appropriate District State of No Office	ew Mexico	Form C-103
Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88246 RECEIVED nergy, Minerals and District II	id Natural Resources	Revised November 3, 2011 WELL API NO.
DISTICT OU CONCEDUA	TION DIVICION	30-015-34285
District III 1000 Bio Brozos Bd. Aster NM 874DR 2 6 2019 1220 South S	t. Francis Dr.	5. Indicate Type of Lease STATE S FEE
	NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fa THICT II-ARTESIA O.C.D. 87505 DISTRICT II-ARTESIA O.C.D.		Oil
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name Zebu State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		8. Well Number
1. Type of Well: Oil Well Gas Well Other		001
2. Name of Operator COG Operating LLC		9. OGRID Number 229137
3. Address of Operator		10. Pool name or Wildcat
2208 W Main Artesia NM 88210		WC-015 G01 S212402M; Yeso
4. Well Location		
Unit Letter <u>E</u> : <u>3656</u> feet from the <u>North</u> line and <u>800</u> feet from the <u>West</u> line Section <u>2</u> Township <u>21S</u> Range 24E NMPM County <u>Eddy</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3816' GR		
12. Check Appropriate Box to Indicate Nature of Not	lice, Report or Other L	vata l
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
' PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		— — —
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
OTHER: D K Location is ready for OCD inspection after P&A		
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.		
 Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the 		
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR		
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.		
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and		
other production equipment.		
 Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with 		
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed		
from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have		
to be removed.)		
 All other environmental concerns have been addressed as per OCD rules. Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- 		
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.		
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well		
location, except for utility's distribution infrastructure. PLEASE SEE ATTACHED		
		· · ·
When all work has been completed, return this form to the appropriate District office to schedule an inspection.		
SIGNATURE TI	TLE: Regulatory Technicia	an DATE: 4/23/19
	flores2@concho.com	PHONE: 575-748-6946
For State Use Only		
APPROVED BY:	TLE Compliance	offica DATE 5-2-19
Conditions of Approval (if any):	,	

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