

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

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.)		WELL API NO. 30-015-10129
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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. B-2071
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name NG Phillips State
4. Well Location Unit Letter H : 2263 feet from the N line and 660 feet from the E line Section 27 Township 17S Range 28E NMPM County Eddy		8. Well Number #9
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3614' GR		9. OGRID Number 229137
10. Pool name or Wildcat Artesia, Red Lake		

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.

06/18/19 MIRU Plugging equipment. POH w/ rods & pump. Dug out cellar. ND BOP. POH w/ tbg. 06/19/19 RIH 7" casing & tagged existing 7" CIBP @ 950'. 4 1/2" casing does not exist in well. RIH w/ 7" CIBP to 730', could not set CIBP. POH w/ CIBP & notified Gilbert Cordero w/ NM OCD. Spotted 40 sx class C cmt w/ 2% CACL @ 730-580'. WOC. Tagged plug @ 574'. Circulated hole w/ salt gel. Pressure tested csg, pressure did not hold. Spotted 60 sx class C cmt @ 574-352'. WOC. 06/20/19 Tagged plug @ 292'. Pressure tested csg, held 500 PSI. ND BOP. Spotted 100 sx class C cmt @ 292' & circulated to surface. Riggged down & moved off. Moved in backhoe and welder, dug out cellar, cut off well head, & verified cmt to surface. Installed Above Ground Dry Hole Marker. Backfilled cellar, cut off deadmen, cleaned location, and moved off.

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms: www.cmnrd.state.nm.us/oed.

RECEIVED

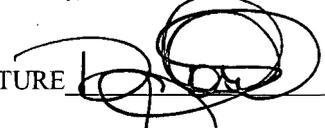
Spud Date:

Rig Release Date:

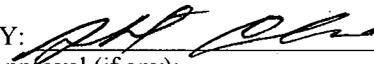
JUN 26 2019

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 6/24/2019

Type or print name Delilah Flores E-mail address: dflores2@concho.com PHONE: 575-748-6946

APPROVED BY:  TITLE Staff Mgr. DATE 6/27/19

Conditions of Approval (if any):