Submit One Copy To Appropriate District State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources	Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO.
811 S. First St., Artesia, NM 8824910 A 5 2019 OIL CONSERVATION DIVISION	30-015-24183 5. Indicate Type of Lease
District III AUU UU UUUUUUUUUUUUUUUUUUUUUUUUUUU	STATE STATE
District IV	6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., DISTRICTI-ARTESIAO.C.D. Santa Fe, NM 87505 87505	B-2071
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	NG Phillips 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	30
2. Name of Operator	9. OGRID Number
COG Operating LLC	229137
<ol> <li>Address of Operator</li> <li>2208 W Main Artesia NM 88210</li> </ol>	10. Pool name or Wildcat
	Artesia; Queen-GRBG-San Andres
4. Well Location	· ·
Unit Letter <u>F</u> : <u>1632</u> feet from the <u>North</u> line and <u>2244</u> feet from the <u>West</u> line	
Section <u>27</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3622' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
12. Check Appropriate Dox to indicate relative of rotice, Report of Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING  MULTIPLE COMPL CASING/CEMENT	JOB 🗌
OTHER:	
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	
OPEDATOD NAME I FASE NAME WELL NUMBED ADIMUMPED OUADTED (OUADTED LOCATION OF	
<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. Buy, ed Plastic Line- Not Removed Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.	
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. $T_{1}$	
from lease and well location. This has been removed. For the pasture Not 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-	
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.	
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
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SIGNATURE TITLE Regulatory Technician	DATE 8/1/2019
TYPE OR PRINT NAME Delilah Flores E-MAIL: <u>dflores2@concho.com</u>	PHONE: 575-748-6946
For State Use Only	_
	GC
APPROVED BY:	DATE <b>8/6/19</b>
Conditions of Approval (if any):	/ ·

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