Submit One Copy To Appropriate Distribution Office State of New Mexico		o	Form C-103
District I Energy, Minerals and Natural Resources			Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240		i	WELL API NO.
811 S. First St. Artesia, NM 88210 AUG 12 CONSERVATION DIVISION		VISION	30-015-25240
1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210AUG 12 2019 OIL CONSERVATION DIVISION District III Dist		Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe NM 87505		5.	STATE FEE 6. State Oil & Gas Lease No.
811 S. First St., Artesia, NM 88210AU OIL CONSERVATION DIVISION District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 87505			o. State Off & Gas Lease No.
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		BACK TO A	Tenneco Fee
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		LICH	8. Well Number
1. Type of Well: Soil Well Gas Well Other			1
2. Name of Operator			9. OGRID Number
COG Operating LLC			229137
3. Address of Operator			10. Pool name or Wildcat
2208 W Main Artesia NM 88210		l.	Red Lake; Qn-GRBG-SA
4. Well Location			
Unit Letter M 660 feet from the South line and 465 feet from the West line			
Section 23 Township 17S Range 28E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3579° GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING MULTIPLE COMPL	L 🗆 C#	ASING/CEMENT.	JOB 📙
OTHER:			
OTHER:			
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			
77 steel market at least 4 in diameter and at least 4 above ground level has been set in concrete. It shows the			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR			
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	o original ground c	ontour and has be	een 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.			
Anchors, dead men, tie downs and risers have been c	tut off at least two	feet below ground	i 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. Burge \(\) All metal bolts and other materials have been removed	Cine No	+ Remov	ed
All metal bolts and other materials have been remove	d. Portable bases	have been remove	ed. (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 le	ase: all electrical s	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.			
when an work has been completed, return this form to the	appropriate Distr	ict office to sched	iule an inspection.
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SIGNATURE	TITLE Regula	tory Technician	DATE 8/9/2019
		•	
TYPE OR PRINT NAME Delilah Flores	E-MAIL: dflores	2@concho.com	PHONE: 575-748-6946
For State Use Only			cc , ,
DENIED		MEANIF	
APPROVED BY:	TITLE	DENIE	DATE 8/20/ /9
Conditions of Approval (if any):			/ /

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