

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

WELL API NO. <b>30-015-35333</b>
5. Indicate Type of Lease <b>STATE</b> <input type="checkbox"/> <b>FEE</b> <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Amigo Fee</b>
8. Well Number <b>1</b>
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>Esperanza; Delaware</b>

**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.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator <b>COG Operating, LLC</b>
3. Address of Operator <b>600 W. Illinois Ave, Midland, TX 79701</b>
4. Well Location Unit Letter <b>C</b> : <b>1173</b> feet from the <b>N</b> line and <b>2100</b> feet from the <b>W</b> line Section <b>10</b> Township <b>22S</b> Range <b>27E</b> NMPM County <b>Eddy</b> 11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3112' GR</b>

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.

01/18/19 MIRU plugging equipment. 01/21/19 ND pump jack head. Began POH w/ rods, rods parted. Dug out cellar, NU BOP. POH w/ tbg, rods, K-Bars, & pump. 01/22/19 Set 5 1/2" CIBP @ 4621'. Circulated hole w/ salt gel. Pressure tested csg, held 500 PSI. Spotted 25 sx class C cmt w/ 2% CACL @ 4621-4371'. WOC. Tagged plug @ 4365'. Spotted 25 sx class C cmt @ 4100-3850'. Spotted 25 sx class C cmt @ 2800-2550'. Spotted 25 sx class C cmt @ 2100-1850'. 01/23/19 Spotted 25 sx class C cmt @ 1660-1410'. Perf'd csg @ 439'. Established an injection rate but pressured up to 500 PSI. Spotted 25 sx class C cmt @ 489-239'. WOC. Tagged plug @ 250'. Perf'd csg @ 100'. Established an injection rate. Pressured up to 500 PSI and then dropped to 200 PSI after 10 minutes. Pump'd in the 8 5/8" csg valve. Pressured up to 500 PSI and dropped to 300 PSI after 15 minutes. Perf'd @ 100' again. Pressured up on perfs in 5 1/2" and 8 5/8" csg valve, could not squeeze. ND BOP. Spotted 25 sx class C cmt @ 250' & circulate to surface. 01/24/19 Verified cmt to surface. Rigged down & moved off. 08/06/19 Moved in backhoe and welder, dug out cellar, cut off well head, and Gilbert Cordero w/ NM OCD verified cement to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

Spud Date:

Rig Release Date:

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.cmrnd.state.nm.us/oed.

RECEIVED

AUG 14 2019

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE: Regulatory Technician

DATE: 8/12/19

Type or print name: Delilah Flores

E-mail address: dflores2@concho.com

PHONE: 575-748-6946

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):