

Submit One Copy To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

Revised November 3, 2011

NOV 08 2019

OIL CONSERVATION DIVISION

DISTRICT III ARTESIA OCD  
1220 S. St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-01591
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2071
7. Lease Name or Unit Agreement Name Walker State
8. Well Number 2
9. OGRID Number 229137
10. Pool name or Wildcat Empire Yates; Seven Rivers, East
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3666' GR

**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  Gas Well  Other

2. Name of Operator  
COG Operating LLC

3. Address of Operator  
2208 W Main Artesia NM 88210

4. Well Location  
Unit Letter Q 330 feet from the South line and 1650 feet from the East line  
Section 27 Township 17S Range 28E NMPM Eddy County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A	<b>PLUG AND ABANDON</b> <input type="checkbox"/> <b>CHANGE PLANS</b> <input type="checkbox"/> <b>MULTIPLE COMPL</b> <input type="checkbox"/> <b>ALTERING CASING</b> <input type="checkbox"/> <b>P AND A</b> <input type="checkbox"/>
--	--	--

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

**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 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-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.

PLEASE SEE ATTACHED

SIGNATURE  TITLE Regulatory Technician

DATE 11/4/2019

TYPE OR PRINT NAME Delilah Flores

E-MAIL: [dflores2@concho.com](mailto:dflores2@concho.com)

PHONE: 575-748-6946

For State Use Only

APPROVED BY: 

TITLE Staff mg

DATE 11/14/19

Conditions of Approval (if any):

78