Submit One Copy To Appropriate District State of New Mexico <u>District I</u> <u>Minerals and Natural Resources</u>			Form C-103
		Iral Resources	Revised November 3, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II			30-015-10811
811 S. First St., Artesia, NM 88210 NOV OIL CONSERVATION DIVISION		DIVISION	5. Indicate Type of Lease
District III 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 220 S. St. Francis Dr., Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.	
87505			
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			GJ West Coop Unit
PROPOSALS.)			8. Well Number
1. Type of Well: 🛛 Oil Well 🔲 Gas Well 🗌 Other		46	
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			GJ; 7RVS-QN-GRBG-GLORIETA-YESO
4. Well Location			· · · · · · · · · · · · · · · · · · ·
Unit Letter <u>B 660</u> feet from the <u>North</u> line and <u>1980</u> feet from the East line			
Section 21 Township $17S$ Range $29E$ NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3550' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
PULL OR ALTER CASING U 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			
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</u>			
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. Burned Power Lines 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 losse and well losses and well los			
from lease and well location. Location. S.g. Not Removed. (Poured onsite concrete bases do not have All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have			
	- 1		ed. (Poured onsite concrete bases do not have
to be removed.) \checkmark All other environmental concer	k + 5 h ns have been addressed as per OCE		
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-			
retrieved flów lines and pipelines.			
	remaining well on lease: all electri	cal service noles and	lines have been removed from lease and well
location, except for utility's distribut	_	cui service poies und	intes have been removed nom lease and wen
When all work has been completed, return this form to the appropriate District office to schedule an inspection.			
PLEASE SEE ATTACHED)		
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SIGNATURE	TITLE Re	gulatory Technician	DATE 11/13/19
$\overline{\mathbf{U}}$		• • • •	
TYPE OR PRINT NAME Delilah F	lores E-MAIL: <u>df</u>	ores2@concho.com	PHONE: 575-748-6946
For State Use Only			GC
	DENIED TITLE	DEN	ED DATE 11/20/19
APPROVED BY:		Unif Has I U	DAIE // 20/11
Conditions of Approval (if any):			/