| Submit One Copy To Appropriate District | State of New Mexic | co | Form C-103 | |
|--|--|--------------------|--|--|
| District I NO CONSERVA | Minerals and Natural | Resources | Revised November 3, 2011 | |
| Office District I 1625 N. French Dr., Hobbs, NM 8840 ARTESIA DISTRICT OFFICE State of New Wiexico State of New Wiexico Wiexico ARTESIA DISTRICT | | | WELL API NO. 30-015-28931 | |
| 811 S. First St., Artesia, NM 88210 OCT 18 CONSERVATION DIVISION | | | 5. Indicate Type of Lease | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis | טונ. | STATE FEE | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM RECEIVED | Santa Fe, NM 8750 | 05 | 6. State Oil & Gas Lease No. | |
| 87505 | | | GR 30 State | |
| SUNDRY NOTICES AND F | | | 7. Lease Name or Unit Agreement Name | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | | |
| PROPOSALS.) 1. Type of Well: ⊠Oil Well ☐ Gas Well ☐ Other | | | 8. Well Number | |
| 2. Name of Operator | Other | | 9. OGRID Number | |
| COG Operating LLC | | | 229137 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| 2208 W Main Artesia NM 88210 | | | Nash Draw; Delaware | |
| 4. Well Location | 1.11 | | | |
| Unit Letter F: 1650 feet from the Nort | | 1 | | |
| | 30E NMPM County E ion (Show whether DR, RA | |) | |
| TI. Lievat | 3124' GR | CD, K1, GK, etc. | | |
| 12. Check Appropriate Box to Indicate N | Nature of Notice, Repo | ort or Other I | Data | |
| | | | | |
| NOTICE OF INTENTION PERFORM REMEDIAL WORK ☐ PLUG ANI | | SUB EMEDIAL WOR | SSEQUENT REPORT OF: | |
| , | | | AL WORK □ ALTERING CASING □ ' NCE DRILLING OPNS.□ P AND A □ | |
| PULL OR ALTER CASING MULTIPLE | _ | ASING/CEMEN | - | |
| OTUED. | | 7 | | |
| OTHER: ☑ All pits have been remediated in compliance | with OCD rules and the t | Location is r | ready for OCD inspection after P&A | |
| 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 TH | | | | |
| The location has been leveled as nearly as po | assible to original around | contour and has | have alread of all inch took floor lines and | |
| 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 remo | oved. (Poured onsite concrete bases do not have | |
| to be removed.) | | , | ` | |
| ✓ All other environmental concerns have been✓ Pipelines and flow lines have been abandone | | | All fluids have been named from you | |
| retrieved flow lines and pipelines. | ed in accordance with 19.1 | 3.33.10 NMAC | . All fluids have been removed from non- | |
| ☐ If this is a one-well lease or last remaining w | | service poles an | nd lines have been removed from lease and well | |
| location, except for utility's distribution infrastru | cture. | | • | |
| When all work has been completed, return this fo | rm to the appropriate Dist | rict office to sch | nedule an inspection | |
| When all work has been bong as a, return this to | im to the appropriate Dist | | ledute an hispection. | |
| SIGNATURE SIGNATURE | TITI E. Dagu | latory Technicia | an DATE: 10/16/2019 | |
| DIGITATURE 1 | FILE: Regu | iatory recrimicia | DATE. 10/10/2019 | |
| TYPE OR PRINT NAME: Delilah Flores | E-MAIL: dflores2@cc | oncho com | PHONE: 575-748-6946 | |
| For State Use Only | | | | |
| APPROVED BY: | TITLE ST | off an | - DATE/2/30/19 | |
| Conditions of Approval (if any) | | 11 / 19 | Ditt. 1 2/3-/// | |

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