

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 87401  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED State of New Mexico  
 Energy, Minerals and Natural Resources  
 JAN 07 2020  
 OIL CONSERVATION DIVISION  
 ENNRD-OCD ARTESIA  
 1220 S. St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

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| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.)<br>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> |  | WELL API NO.<br>30-015-44000  |
| 2. Name of Operator<br>COG Operating LLC   |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 3. Address of Operator<br>2208 W. Main Street, Artesia, NM 88210   |  | 6. State Oil & Gas Lease No.  |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>215</u> feet from the <u>South</u> line and <u>760</u> feet from the <u>West</u> line<br>Section <u>21</u> Township <u>25S</u> Range <u>28E</u> NMPM Eddy County   |  | 7. Lease Name or Unit Agreement Name<br>Myox 21 State Com   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>2991' GR   |  | 8. Well Number<br>31H   |
| 9. OGRID Number<br>229137  |  | 10. Pool name or Wildcat<br>Purple Sage; Wolfcamp   |

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

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|--|--|--|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>CLOSED-LOOP SYSTEM <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>OTHER: Completion Operations <input checked="" 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.

**OK** **AMENDED!**  
 9/10/19 Test 5 7/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 19,490'. Test to 9,517#. Test Good.  
 9/24/19 to 10/8/19 Perf 9,759 - 19,465' (1568). Acdz w/ 49,308 gal 7-1/2%; frac w/ 19,614,391# sand & 19,114,872 gal fluid.  
 10/18/19 to 10/20/19 Drill out CFP's. Clean down to PBTD @ 19,460'.  
 10/24/19 Set 2 7/8" 6.5# L-80 tbg @ 8,989' & pkc @ 8,979'. Installed gas lift system.  
 11/15/19 Began flowback & testing.  
 11/17/19 Date of first production.

Spud Date: 3/19/19 Rig Release Date: 6/21/19

*AB*

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

SIGNATURE Amanda Avery TITLE: Regulatory Analyst DATE: 11/27/19  
 Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

**For State Use Only**

APPROVED BY: [Signature] TITLE: Staff DATE: 1/8/20  
 Conditions of Approval (if any):