

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
RECEIVED
JAN 30 2020
 OIL CONSERVATION DIVISION
 1220 S. St. Francis Dr.
EMNRD-OCD-ARTESIA
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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"/>		WELL API NO. * 30-015-45752 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No.
2. Name of Operator COG Operating LLC	7. Lease Name or Unit Agreement Name Myox 30 State Com	8. Well Number 801H
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	9. OGRID Number 229137	10. Pool name or Wildcat Purple Sage; Wolfcamp
4. Well Location Unit Letter <u>N</u> : <u>600</u> feet from the <u>South</u> line and <u>2160</u> feet from the <u>West</u> line Section <u>30</u> Township <u>25S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3025' GR

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

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

10/9/19 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 20,286'. Test to 11,606#. Perfed 20,261-20,271'. Injection test.
11/7/19 to 11/21/19 Perf 10,514 - 20,156' (1568). Acdz w/ 100,716 gal 7-1/2%; frac w/ 19,607,650# sand & 24,244,584 gal fluid.
11/23/19 to 11/24/19 Drill out CFP's. Clean down to PBTD @ 20,093'.
11/25/19 to 11/27/19 Set 2 7/8" 6.5# L-80 tbg @ 9,678' & pkr @ 9,668'. Installed gas lift system.
12/7/19 Began flowback & testing. Date of first production

Spud Date: 5/3/19 Rig Release Date: 7/13/19

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: 1/30/2020
 Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY: [Signature] TITLE State Mgr DATE 2/4/20
 Conditions of Approval (if any):