Submit 1 Copy To Appropriate Directive State of New Mexico Office District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88244 3 0 2001 District II – (575) 748-1283 811 S. First St., Artes First First First St., Artes First First First First First Firs					WELL API 30-015	Form C-103 Revised July 18, 2013 WELL API NO. 30-015-45968 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.		
					31A			
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 X Other						7. Lease Name or Unit Agreement Name MYOX 28 STATE COM 8. Well Number 701H		
2. Name of Operator COG OPERATING, LLC					9. OGRID	9. OGRID Number 229137		
3. Address of Operator						10. Pool name or Wildcat		
600 W. ILLINOIS AVE., MIDLAND, TX 79701					PURP	PURPLE SAGE; WOLFCAMP (GAS)		
4. Well Loca	tion Letter A	: 245 feet t	from the NORT	H line and	NS 1215 6	eet from the EAS	T line	
Secti				Range 28E	NMPM	EDDY County	<u> </u>	
			(Show whether D					
2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.								
	12. Check	Appropriate B	ox to Indicate	Nature of Noti	ice, Report or (Other Data		
					-	T REPORT OF:		
NOTICE OF INTENTION TO: SUE PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR						ALTERING (
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OF								
PULL OR ALT	TER CASING		OMPL	CASING/ÇÊN	MENT JOB	X		
CLOSED-LO								
OTHER:				OTHER:				
of sta	ibe proposed or com ting any proposed w sed completion or re	ork). SEE RULE	(Clearly state al E 19.15.7.14 NMA	l pertinent details AC. For Multiple	s, and give pertine e Completions: A	nt dates, including e ttach wellbore diagr	stimated date am of	
	TD 9 7/8" interme				csg @ 8720'. Cm	nt w/1050 sx lead. Te	ail in w/250 sx	
Circ 32	4 sx to surface. WO	C 4 hrs. Test csg 1	to 1500# for 30 m	inutes.				
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Spud Date:	11/22/19		Rig Release I	Doto:				
Spud Date.		·	Kig Kelease I	Jaic.				
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I hereby certify	that the information	n above is true and	d complete to the	best of my know	ledge and belief.			
r	Buch	-) 1, -0						
SIGNATURE TITLE Regulatory Analyst					•	DATE_1/28/2020		
Type or print n	ame <u>Bobbie Good</u> Only	lloe	E-mail addre	ess: bgoodloe@d	concho.com	PHONE: _575-7	48-6952	
APPROVED I	SY:	9/	TITLE 🗸	A wa		DATE 2/4/	/ 20	
	Approval (if any):			7				
						- 1,120	165	

2/6/2045