Submit 1 Copy To Appropriate District Office District 1 – (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 FEB PL 269NSERVATION DIVISIO 1220 South St. Francis Dr.		Form C-103		
		WELL	Revised July 18, 2013 API NO. 0-015-46499	
		5. Indi	cate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 EMNRD-OCD ARTE 1220 S. St. Francis Dr., Santa E, MNRD-OCD ARTE 87505	SPANM 87505		e Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (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		A	se Name or Unit Agreement Name	
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other			MYOX 31 STATE COM I Number 503H	
2. Name of Operator COG OPERATING, LLC			RID Number 229137	
3. Address of Operator		10. Pool name or Wildcat		
600 W. ILLINOIS AVE., MIDLAND, TX 79701 4. Well Location		DELAWARE RIVER, BONE SPRING		
Unit Letter N : 270 feet from the SOUTH line and 1420 feet from the WEST line				
Section 31 Township	25S Range 28E wwhether DR, RKB, RT, C	NMPM	I EDDY County	
12. Check Appropriate Box to	o Indicate Nature of N	lotice, Report	or Other Data	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE I			WORK Image: Altering casing Image: Altering Image: Altering casing Image: Altering casing Image: Altering C	
		CEMENT JOB		
DOWNHOLE COMMINGLE		an a		
OTHER: OT				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
2/4/20 TD 8 3/4" LATERAL @ 18324'. SET 5-1/2" 17# P-110 RYCC CDC HTQ CASING @ 18311'. CMT W/825 SX LEAD. TAIL IN W/2675 SX. CIRC 412 SX TO PIT.				
2/8/20 RELEASE RIG.				
Spud Date: 12/30/19	Rig Release Date:			
I hereby certify that the information above is true and cor	nplete to the best of my kn	owledge and bel	ief.	
SIGNATURE BOLLOR	TITLE REGULATORY	ANALYST	DATE 2/10/204	
Type or print name BOBBIE GOODLOE	E-mail address: bgoodlo	e@conco.com	PHONE: 575-748-6952	
	ritle Staff Mg	• •	DATE 2/17/20	
APPROVED BY: Conditions of Approval (if any):				
		KS	2-18-20	