

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-46597
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG OPERATING, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 600 W. ILLINOIS AVE., MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name DAISY 24 STATE COM
4. Well Location Unit Letter <u>A</u> : <u>221</u> feet from the <u>NORTH</u> line and <u>711</u> feet from the <u>EAST</u> line Section <u>24</u> Township <u>25S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		8. Well Number <u>505H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3089 GR		9. OGRID Number 229137
		10. Pool name or Wildcat HAY HOLLOW; BONE SPRING

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

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

2/14/20 RESUME OPERATIONS. NU BOP, TEST BOP, TEST CASING TO 1500# FOR 30".

2/16/20 TD 12-1/4" INTERMEDIATE HOLE @ 2329'. SET 9 5/8" 40# J-55 BTC CSG @ 2314'. CMT W/ 450 SX LEAD, TAIL IN W/ 300 SX. CIRC 248 SX TO SURF. TEST CSG TO 1500# FOR 30".

RECEIVED

FEB 21 2020

EMNRD-OCD ARTESIA

Spud Date:

2/5/20

Rig Release Date:

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

SIGNATURE

*Bobbie J Goodloe*

TITLE: REGULATORY ANALYST

DATE 2/18/20

Type or print name BOBBIE J GOODLOE

E-mail address: bgoodloe@concho.com

PHONE: 575-748-6952

For State Use Only

APPROVED BY:

*[Signature]*

TITLE

*Staff mg*

DATE 2/24/20

Conditions of Approval (if any):