| Submit 3 Copies To Appropriate District Office | State of New Mexico Energy, Minerals and Natural Resou | Form C-103 May 27, 2004 |
|---|---|--|
| <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 | energy, witherars and Natural Resor | WELL API NO. |
| District II | OIL CONSERVATION DIVISI | ON 30-015-34451 |
| 1301 W Grand Ave., Artesia, NM 88210 <u>District III</u> | 1220 South St. Francis Dr. | 5. Indicate Type of Lease STATE FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| 1220 S St Francis Dr, Santa Fe, NM 87505 | · | 0. State 61. 25 State 1.16. |
| SUNDRY NOTICE | ES AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name |
| | LS TO DRILL OR TO DEEPEN OR PLUG BACK T TION FOR PERMIT" (FORM C-101) FOR SUCH | |
| PROPOSALS) | | Mosley Canyon "6" State 8. Well Number 1 |
| | as Well Other FEB 1220 | |
| 2. Name of Operator COG Operating LLC | | 220137 |
| 3. Address of Operator | OCD-ARTI | SIA 10. Pool name or Wildcat 71420 |
| 550 W. Texas Ave., Suite 1300 M | idland, TX 79701 | Baldridge Canyon; Morrow (Gas) |
| 4. Well Location | | |
| Unit Letter Lot 5 | | ne and 990 feet from the West line |
| Section 6 | Township 24S Range | 25E NMPM County Eddy |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | |
| Pit or Below-grade Tank Application | | |
| Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water | | |
| Pit Liner Thickness: mil | Below-Grade Tank: Volume | bbls; Construction Material |
| | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | |
| | - ·· | IAL WORK ALTERING CASING |
| - | _ (| ENCE DRILLING OPNS. P AND A G |
| FOLL OR ALTER CASING . | MOETIFEE COMFE CASING | "CEMENT JOB |
| OTHER: | OTHER | |
| 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. | | |
| 1. MIRU pulling unit. | | |
| 2. Load tubing w/ 6% KCl containing 1 GPT Claymaster 5C. Test plug to 2000 psi. | | |
| Test annulus to 2000 psi. NU 5M hydraulic BOP and test annulus to 2000 psi. Release on/off tool and circulate hole w/ 6% KCl containing 1 GPT Claymaster 5 C. | | |
| 5. POOH w/ top half of on/off tool. Keep hole loaded while pulling tubing. | | |
| 6. MIRU wireline w/ full lubricator. Set CIBP @ 10,500'. Perforate Morrow w/ 4 jspf from 10,426-434' (9' - 37 holes – 90° phasing - 3 1/8' slick gun – 0.42" EHD). If no changes after perforating, RD wireline If any pressure changes or flow exists, run packer w/ plug in | | |
| place on wireline | | |
| 7. TIH w/ re-entry guide, 2.31 XN nipple w/ 2.205 no-go, 2 7/8" N80 sub, 2 7/8" X 5 ½" 10K packer, on/off tool w/ 2.31 X nipple and remainder of tubing. Test tubing in hole above slips to 8000 psi. Use slip stop and junk basket on test tools. Set packer @ 10,300' in | | |
| compression. | | |
| 8. Test annulus to 2000 psi. ND BOP and flange up wellhead. Test seals to 3000 psi and tree to 5000 psi. | | |
| 9. Flow back or swab in. 10. If stimulation is necessary, install isolation tool and acidize w/ 1000 gals 7 ½% Morrow acid w/ 20% methanol, 1000 scf/bbl N2 and 30 | | |
| bio balls. Run 3-4 bbls acid ahead w/ 10,000 scf N2 pad. | | |
| Flow well back and swab. Evaluate for | further treatment or run build up. | |
| | | |
| I hereby certify that the information ab | ove is true and complete to the best of my | knowledge and belief. I further certify that any pit or below- |
| grade tank has been/will be constructed or cle | osed according to NMOCD guidelines , a genera | I permit ☐ or an (attached) alternative OCD-approved plan ☐. |
| SIGNATURE L- C | | |
| SIGNATURE F | TITLE Regulate | ory Analyst DATE 02/11/08 |
| Type or print name Kanicia Carrillo | E-mail address: kcarrillo@ | conchoresources.com Telephone No. 432-685-4332 |
| For State Use Only | | 1 |
| APPROVED BY: | TITLE | DATE |
| Conditions of Approval (if any): | TITLEAc | cepted for record • NMOCD DATE |
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