Submit 3 Copies To Appropriate District Office		ew Mexico	Form C-103 May 27, 2004		
<u>District I</u> 1625 N. French Dr , Hobbs, NM 88240				WELL API NO.	
DISTRICT II			30-015-35813		
1301 W Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Real rate	St. Francis Dr.	STATE 🛛 FEE]	
District IV 1220 S St Francis Dr , Santa Fe, NM	Santa Fe,	NM 87505	6. State Oil & Gas Lease No.		
87505 SLINDRY NOTICE	S AND REPORTS ON	WELLS	7. Lease Name or Unit Agreemen	t Name	
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR USE "APPLICAT PROPOSALS)	Dasher 16 State	Dasher 16 State			
1. Type of Well: Oil Well Gas Well Other			8. Well Number 2		
2. Name of Operator			9. OGRID Number		
COG Operating LLC FEB 29 7008			229137		
3. Address of Operator	dland TV 70701	OCD-ARTESIA	10. Pool name or Wildcat		
550 W. Texas Ave., Suite 1300 Mic	uianu, 1 × 79701		Henshaw; Wolfcamp 30630		
4. Well Location	1965 - 6-4 6 41	Status 12 st	720 6 6 4 1 1	1.	
			730 feet from the West	_line	
Section 16		S Range 30E	NMPM County E	ddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3808' GR					
Pit or Below-grade Tank Application ☐ or Cl		- GR			
Pit typeDepth to Groundwater	Distance from near	est fresh water well D	istance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII			· —		
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OTHER:	1123	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.					
02/22/08 Rigged up spudder at	9:00am and drilled	17-1/2" hole from 24	to 26'. RD spudder at 1:00pm	•	
			1		
I hereby certify that the information abo	ove is true and complete	to the best of my knowled	ge and helief I further certify that any n	it àr bolow	
I hereby certify that the information aborgrade tank has been/will be constructed or clos	sed according to NMOCD gu	idelines , a general permit [or an (attached) alternative OCD-approve	d plan .	
	/			1:-	
SIGNATURE K	T	ITLE <u>Regulatory Ana</u>	<u>lyst</u> DATE <u>02/26/</u>	08	
Time or print name Vanisia Camilla	E mail addes	Iraamilla @aaaalaa'a	es.com Telephone No. 432-685-43	22	
For State Use Only				52	
APPROVED BY: Conditions of Approval (if any):	T	ITLE	DATE		
Conditions of Approval (if any):	1.		DATE		