	bmit 3 Copies 10 Appropriate District	State of	t New Me	XICO			Form C-103
$\underline{\mathbf{D}}_{13}$	strict I	Energy, Mineral	s and Natu	ral Resources	*****		May 27, 2004
	25 N French Dr., Hobbs, NM 88240 strict II				WELL API		7
	01 W Grand Ave., Artesia, NM 88210	RVATION DIVISION		30-015-36227 5. Indicate Type of Lease			
	rict III 1220 South St. F. Rio Brazos Rd., Aztec, NM 87410				STAT		
Di	strict IV	Santa F	Fe, NM 87	505		& Gas Lease No	
	20 S. St. Francis Dr , Santa Fe, NM 505						
		CES AND REPORTS (ON WELLS		7. Lease Na	me or Unit Agre	ement Name
	O NOT USE THIS FORM FOR PROPOS					C	
	FFERENT RESERVOIR. USE "APPLIC OPOSALS.)	CATION FOR PERMIT" (FO	RM C-101) FC	OR SUCH		WEST COOF	
1.	Type of Well: Oil Well	Gas Well Other	MAD) & 2000	8. Well Nun	nber 19	0
2.	2. Name of Operator MAR 2 6 2006			9. OGRID Number			
-	COG Operating LLC OCD ARTESIA				10 D 1	229137	07550
3.	Address of Operator 550 W. Texas Ave., Suit	te 1300	Midland,	TX 79701		ne or Wildcat -QN-GB-GLOF	97558
1	Well Location		- initiality	17,7701	00, 7100		WETA-TEGO
4.	Unit Letter M :	330' feet from the	South	line and 330'	feet from	the West	line
	Section 21	Township	17S	Range 29E	reet from NMP		unty EDDY
0.3	Section 21	11. Elevation (Show v				WI CC	ounty EDD1
		11. Elevation (Show)	3595'				
Pit	or Below-grade Tank Application 🔲 o	r Closure					
Pit	typeDepth to Groundwater_11	Distance from near	est fresh wate	well 1000' Distanc	e from nearest su	ırface water <u>1000</u>	<u>)'</u>
Pit	Liner Thickness: mil B	elow-Grade Tank: Volume		bbls; Construction N	Aaterial		
	12. Check A	Appropriate Box to I	ndicate N	ature of Notice,	Report or O	ther Data	
					•		_
D.			🗖			REPORT O	
	ERFORM REMEDIAL WORK EMPORARILY ABANDON	PLUG AND ABANDO CHANGE PLANS	N 🗌	REMEDIAL WORK COMMENCE DRII			G CASING 🗌
	JLL OR ALTER CASING	MULTIPLE COMPL	<u> </u> ,	CASING/CEMENT			
	SEE STATE TELL OF SHITE	MOETH EE OOM E	Ц	ONOING/OEMEN	000		
0	THER: DRILL WITH CLOSE			OTHER:			
	13. Describe proposed or comp	leted operations. (Clear	ly state all p	pertinent details, and	l give pertinen	t dates, includin	g estimated date
	of starting any proposed wo	ork). SEE RULE 1103.	For Multip	le Completions: Att	ach wellbore	diagram of prop	osed completion
	or recompletion.				•		
This well was permitted without a closed loop system being checked.							
		e rig scheduled to di				Neu.	
		•			, ,		
	COG Operating LLC	respectfully requests	s permiss	on to drill this w	ell with a clo	sed loop syst	tem.
					•		
I he	ereby certify that the information	above is true and compl	ete to the be	est of my knowledge	and belief. I	further certify that	t any pit or below-
grac	le tank has been/will be constructed or	//			or an (attached)	alternative OCD-a	pproved plan □.
SIC	ENATURE Malles a	Edevas	FEBTLE)	Regulatory Analy	vet	DATE 3	3-25-08
UI C	- Mores a	, and all		. togalatory / trial			
	pe or print name Phyllis A. Ed	lwards E-mail address	s: pedwar	ds@conchoresou	ırces.com	Telephone No.	432-685-4340
For	State Use Only						
۷D.	PROVED BY:		TITLE			DATE	
	nditions of Approval (if any):		_++++	A	rd - NMOCD		
	- Tre () / '			A CONTRACT HART PARTY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		