

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. <u>01269</u> <u>30-015-012969</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>006047</u>
7. Lease Name or Unit Agreement Name: <u>AZTEC STATE</u>
8. Well Number <u>#1 -</u>
9. OGRID Number <u>229137</u>
10. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name: <u>AZTEC STATE</u>
2. Name of Operator <u>C.O.G. OPERATING, LLC.</u>	8. Well Number <u>#1 -</u>
3. Address of Operator <u>550 W. Texas, Suite 13, Midland, TX 79701 ATTN: Mark Fairchild</u>	9. OGRID Number <u>229137</u>
4. Well Location Unit Letter <u>9</u> : <u>660</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>33</u> Township <u>16 S</u> Range <u>28 E</u> NMPM County <u>EDDY</u>	10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

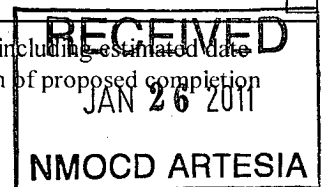
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
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.

12-21-10 Set C.I.B.P. @1,232'

12-22-10 Tbg. @1,232'. Circulate hole w/M.L.F. Combine plugs. C.I.B.P. @1,000'-900'. Tbg. @1,232'. Spot 40 sx. cmt. Tag @828'. Perf. @490'. Unable to sqz. Pressure holding at 600#. Tbg. @540'. Circulate cement to surface w/60 sx. cmt.



I hereby certify that the information above 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 closed according to NMOC D guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE _____ TITLE P & A Supv. DATE 1-5-11

Type or print name GARY EGGLESTON E-mail address: _____

Telephone No. (432) 563-3355

For State Use Only

APPROVED BY [Signature] TITLE _____ DATE 1/27/2011
Conditions of Approval, if any: _____

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under DATE
Forms, www.cmnrd.state.nm.us/oed.