

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

EMNRD-OCD ARTESIA Form C-103
REC'D: 6/8/2020 Revised July 18, 2013

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

WELL APINO. 30-015-45376	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Myox21 State Com	
8. Well Number 34H	
9. OGRID Number 229137	
10. Poolname or Wildcat Purple Sage; Wolfcamp	
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) 2977' GR	

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 Gas Well Other

2. Name of Operator
COG Operating LLC

3. Address of Operator
2208 W. Main Street, Artesia, NM 88210

4. Well Location
Unit Letter N : 220 feet from the South line and 1709 feet from the West line
Section 21 Township 25S Range 28E NMPM Eddy County

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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>Drilling/Cementing</u> <input checked="" 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.

3/14/19 - TD 17 1/2" surface hole @ 616'. Set 13 3/8" 54.5# J-55 csg @ 616. Cmt w/ 435 sx lead. Tailed w/ 235 sx. Circ 320 sx to surface. Suspend operations.

5/9/19 - Resume operations. Nipple up BOP. Test csg to 1500# for 30 minutes. Test good.

5/15/19 - TD 12 1/4" hole @ 8710'. Set 9 5/8" 40# L-80 casing @ 8710'. DVT set @ 2418'. Cmt 1st stage w/ 840 sx lead. Tailed in w/ 210 sx. Pump 2nd stage with 775 sx lead. Tailed in w/ 200 sx. Circ 316 sx to surface. WOC 8 hrs. Suspend Operations.

6/13/19 - Resume operations. Nipple up BOP. Test csg to 1500# for 30 minutes. Test good.

6/26/19 - TD 8 3/4" lateral @ 19390'. (KOP 8766') Set 5 1/2" 20# P110 csg @ 19376. Cmt w/ 1800 sx lead. Tailed in w/ 2650 sx. Circ 883 sx to surface.

6/28/19 - Rig released.

**** NMAC Rules: 19.15.7.11 & 19.15.7.14 C&D;
Within 10 days following the commencement of drilling operations, the operator shall file a report of casing and cement test within 10 days following the setting of each string of casing or liner.**

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gc 6/9/2020

Accepted for record - NMOCD

Spud Date:

3/14/19

Rig Release Date:

6/28/19

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

SIGNATURE _____ TITLE: Regulatory Analyst DATE: 6/8/20

Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

ab 6/9/2020
C-103 was missing in well files