| Submit 3 Copies To Appropriate District | State of New Mexico | | | | Form C-103 | | | |
|--|--|-----------------|----------------|-----------------|--|--------------|------------------|--|
| Office District I | Energy, Minerals and Natural Resources | | | s _ | May 27, 2004 | | | |
| 1625 N. French Dr., Hobbs, NM 88240 | | | | | WELL API NO. | | | |
| <u>District II</u> 1301 W. Grand Ave , Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | · | 30-015-39321 | | | |
| District III | 1220 South St. Francis Dr. | | | | 5. Indicate Type of Lease STATE FEE FEE | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505 | | | | - | 6 State Oil & Gas | | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | • | | | o otate on a out | Dease 110. | ļ | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | 7. Lease Name or Unit Agreement Name | | | |
| (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 | | | | | D. D. O. (| | | |
| PROPOSALS.) | | | | | Big Boy State 8. Well Number 1 | | | |
| 1. Type of Well: Oil Well Gas Well Other | | | | | | | | |
| 2. Name of Operator | | | | | 9. OGRID Number | | | |
| COG Operating LLC 3. Address of Operator | | | | | 229137 10. Pool name or Wildcat 96836 | | | |
| 550 W. Texas Ave., Suit | te 100 | Midland, T | X 79701 | 1 | Red Lake; Gloric | | | |
| 4. Well Location | | | | | | | - Totaloust | |
| Unit Letter M : | OOO' foot from th | a Cauth | 1: 0 | יחחי | 64 6 41 | Mont | 15 | |
| 1 | 990' feet from the | | line and8 | | feet from the | | line | |
| Section 36 | Township 11. Elevation (Show | | | 7E | NMPM | Cou | unty EDDY | |
| | | 3626' | | ι, εις.) | | 1 | | |
| Pit or Below-grade Tank Application 🗌 or | Closure | | | | | | | |
| Pit typeDepth to Groundw | aterDistance fro | m nearest fresh | water well | D | istance from nearest s | urface water | | |
| Pit Liner Thickness: 12 mil | Below-Grade Tank: Volu | ıme | bbls; Const | truction | Material | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | | |
| NOTICE OF IN | TENTION TO: | 1 | | SLIDS | COLICNE DEC | | - . | |
| NOTICE OF IN PERFORM REMEDIAL WORK | PLUG AND ABAND | ом П | REMEDIAL \ | | EQUENT REF | | F: CASING 🗀 | |
| TEMPORARILY ABANDON | CHANGE PLANS | | | | | P AND A | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | | CASING/CE | | | ANDA | | |
| 1 | | | 0, 10.110, 02. | | | | | |
| OTHER: | | | OTHER: | , | | | | |
| 13. Describe proposed or compl | | | | | | | | |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. | | | | | | | | |
| or recompletion. | | | | | | | | |
| 1 | | | | | | | | |
| 1 | | | | | | | , | |
| | | | | | | | | |
| COG Operating LLC respectfull adhere to current drilling practi | | sion to char | ige the surf | race h | ole size from 17' | to 17.5" | in order to | |
| adhere to current urning practi | Ces. | | | | | | | |
| | | | | | | | | |
| • | | | | 1. | | | | |
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| | | | | | | | | |
| 7.1 1 (C. 4) 1 (C. 4) | 1 1 | 1 | | -, , | 11 12 0 | | | |
| I hereby certify that the information grade tank has been/will be constructed or | | | | | | | | |
| SIGNATURE | Hours | TITLE | Regulator | · v Anal | vet | DATE | 11-03-2011 | |
| SIGNATURE TO STATE OF THE STATE | 1(1) | TTT P.E | vednigrot | y mildi | yaı | _DATE | 11-03-2011 | |
| Type or print name Robyn M. Odom E-mail address: rodom@concho.com Telephone No. 432-685-4385 | | | | | | | | |
| -00 | | | _ | _ | • | | | |
| For State Use Only | " KICKI - | | IST A | Sim | 111150 | | 102/4 | |
| APPROVED BY: | | TITLE_W | 10.00 | - pe | W.00 C | _DATE_// | 11/201 | |
| Conditions of Approval (if any): | | | | | | | - | |