Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONCEDUATION DIVISION		30-015-39404	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVISION		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE 🛛	FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas I	Lease No.
87505 St. Francis Dr., Santa Fe, NW				
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.)			7. Lease Name or Unit Agreement Name MYOX 29 State Com	
1. Type of Well: Oil Well Gas Well Other			8. Well Number 3H	
2. Name of Operator			9. OGRID Number	
COG Operating LLC			229137	
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210			10. Pool name or Wildcat Hay Hollow; Bone Spring, North	
4. Well Location				
Unit Letter N:		th line and		
Section 29		Range 28E	NMPM	Eddy County
	11. Elevation (Show whether DR)	
B. M. H. S.	5.	OIC		
12 Check A	Appropriate Box to Indicate N	ature of Notice	Report or Other D	ata
	• •	1	•	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
				LTERING CASING ☐ AND A ☐
TEMPORARILY ABANDON			 -	AND A
DOWNHOLE COMMINGLE				
071170				_
OTHER:	bleted operations. (Clearly state all		Orill Out Frac Plugs	in aludin a setiment deleta
	ork). SEE RULE 19.15.7.14 NMAG			
proposed completion or rec		o. Tor manipro co.	inprotions. Tittaen we	noore unagram or
11/12/12 to 11/17/12 Drill out all fr	ac plugs Circulate clean Set 2.7/	8" 6 5# L-80 tha @	7335' & nkr @ 7320'	
11/12/12 to 11/1//12 pin out an in	ac prags. Chemiate cream. Set 2 m	0 0.5% 12 00 105 06	7555 & pld (6) 7520	•
•			·	RECEIVED
				l '
				DEC 05 2012
Snud Data: 8/22/12	,		9/7/12	NMOCD ARTES!
Spud Date: 6/22/12	Rig Release Da	ate:	9/1/12	141000
<u> </u>				_
I hereby certify that the information	shave is two and complete to the h	act of my lenguilada	a and haliaf	
Thereby certify that the information	And complete to the o	est of my knowledg	e and bener.	
<u> </u>	X			
SIGNATURE	TITLE:F	Regulatory Analyst	DA	TE: <u>11/27/12</u>
Type or print name:Stormi Da	<u>vis</u> E-mail addres	s: <u>sdavis@conch</u>	o.com PH	ONE: <u>(575) 748-6946</u>
For State Use Only	•			
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APPROVED BY: Conditions of Approval (if any):	TITLE 20	or a sykvisi	DATI	12/05/2002