

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

NM OIL CONSERVATION
 State of New Mexico
 Energy, Minerals and Natural Resources
 ARTESIA DISTRICT

Form C-103
 Revised August 1, 2011

AUG 6 2015
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
RECEIVED

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-15-33682 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No.
2. Name of Operator COG OPERATING LLC		7. Lease Name or Unit Agreement Name CHICKEN HAWK STATE 8. Well Number 001
3. Address of Operator 600 W. ILLINOIS AVE., MIDLAND, TEXAS 79701		9. OGRID Number 229137 10. Pool name or Wildcat WILLOW LAKE; DELAWARE, SW
4. Well Location Unit Letter; A ; 50 feet from the NORTH line and 400 feet from the EAST line Section 15 Township 25S Range 28E NMPM EDDY County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2,982' - GR		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: WELL PLUGGED AND ABANDONED 08/03/15.	

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.

08/01/15: TAG EXISTING CIBP + CMT. @ 4,486'; SET 5-1/2" CIBP @ 4,223' (PER OCD); CIRC. WELL W/ PXA FLUID.
 08/02/15: PUMP 25 SXS. CMT. @ 4,223' (PER OCD); WOC X TAG CMT. @ 3,963' (OK'D BY OCD); PUMP 25 SXS. CMT. @ 3,601'-3,469'; PUMP 25 SXS. CMT. @ 2,665' WOC X TAG CMT. PLUG @ 2,443'.
 08/03/15: PUMP 35 SXS. CMT. @ 851'; WOC X TAG CMT. @ 641' (OK'D BY OCD); MIX X CIRC. TO SURF. 25 SXS. CMT. @ 150'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

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 www.cmnrd.state.nm.us/oed.

Spud Date: MIRU: 07/31/15

Rig Release Date: RDMO: 08/03/15

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

SIGNATURE David A. Eyer TITLE: AGENT DATE: 08/04/15

Type or print name: DAVID A. EYLER E-mail address: DEYLER@MILAGRO-RES.COM PHONE: 432.687.3033

For State Use Only
 APPROVED BY: [Signature] TITLE: Dist H Supervisor DATE: 8/12/15

Conditions of Approval (if any):
 * Submit Subsequent C-103