

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

Form C-103
October 13, 2009

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

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.)		WELL API NO. 30-015-32640
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator 600 W. Illinois, Midland, TX 79701		7. Lease Name or Unit Agreement Name Neff's Close-Ology Fee
4. Well Location Unit Letter L : 1650 feet from the S line and 660 feet from the W line Section 6 Township 24S Range 28E NMPM County Eddy		8. Well Number I
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number
		10. Pool name or Wildcat Black River Wildcat ; Morrow (Gas) (12170)

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 checked="" 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"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

09/08/15 MIRU plugging equipment. Pump 60 bbls brine down tbg, 40 bbl down csg. ND wellhead, NU BOP. 09/09/15 RIH w/tbg. 09/10/15 Set CIBP @12,270'. Circulate hole w/ bbls MLF. Spot 25 sx class H cmt @12,270- 11,955'. Spot 20 sx cmt @ 10,493-10,300'. POH w/ tbg. 09/11/15 Cut csg @ 8,975'. 09/14/15 POH w/ 207 jts 4 1/2 csg. 09/15/15 spot 20 sx class H cmt 9050-8825'. POH w/ tbg. 09/16/15 tagged plug @ 8915'. Spot 60 sx class C cmt 5915-5536'. Spot 65 sx class C cmt 2551-2156'. POH w/ tbg. Tagged plug @ 2148. Spot 35 sx class C cmt 550-304'. 09/17/15 Tagged plug @ 304. Spot 20 sx cmt 120-surface. Rig down and moved off. 09/22/15 Moved in backhoe, dug out cellar, cut off wellhead and deadmans. Installed Above Ground Dry Hole Marker. Cleaned location and moved off.

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
Forms. www.emnrd.state.nm.us/oed.

Spud Date:

Rig Release Date:

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

SIGNATURE *Ben Montgomery* TITLE Agent DATE 9-24-15

Type or print name Ben Montgomery E-mail address benmontgomery@bemanandassociates.com PHONE: 432-580-7161
For State Use Only

APPROVED BY: *RDade* TITLE Dist. Supervisor DATE 9/25/2015
Conditions of Approval (if any):

Submit Subsequent C-103