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Submit 1 Copy To Appropriate District	State of New M	exico	Form C-103		
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013		
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-015-21398		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease		
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra		STATE FEE		
District IV - (505) 476-3460	Santa Fe, NM 8	7505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTI	7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPO					
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	SRO SWD				
1. Type of Well: Oil Well	8. Well Number 102				
2. Name of Operator	9. OGRID Number				
COG Operating LLC		229137			
3. Address of Operator One Concho Center, 600 W Illinois	10. Pool name or Wildcat SWD; Devonian				
	Swb, Devolitan				
4. Well Location Unit Letter G :	1080 fact from the North	h line and 10	020 foot from the Foot	1:	
•				line	
Section 16	Township 26S Range 11. Elevation (Show whether DI		MPM County Eddy	e 1 40	
e i sa kana kana kana kana kana kana kana k	3024' GR	(, MMD, N1, OK, elc.)			
of starting any proposed we proposed completion or rec COG Operating, LLC proposes to empty tank. The annulus will the This pressure/injection test will b	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL leted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA ompletion. measure the shut in pressure in the loaded with fresh water a be recorded on a chart. If inject the 13-5/8" casing shoe at 2434	REMEDIAL WOR COMMENCE DRI CASING/CEMEN OTHER: pertinent details, and C. For Multiple Con the 9-5/8" x 7" and on the 9-5/8" x 7" and on the surface. The continue of the surface.	ILLING OPNS. P AND A T JOB D d give pertinent dates, including estimate mpletions: Attach wellbore diagram of nnulus then bleed the pressure off to see if an injection rate can be establi down the annulus, we will pump suff urrent TOC indicated from the CBL is	an ficient	
The proposed plan is in response	to the letter of violation receive	ed by COG Operati	ing, Dated 10/14/2015 OIL CONSER ARTESIA DISTRI	VATI ICT	
			00T 2 3 20	15	
			RECEIVED)	
hereby certify that the information					
nereby certify that the information	above is true and complete to the b	est of my knowledge	e and belief.		
D A	above is true and complete to the b	best of my knowledg	e and belief.		
SIGNATURE \underline{B} :					
signature <u>B</u> : h	TITLE_Seni	or Regulatory Analy	/stDATE10/21/15		
signature <u>B</u> - <u>h</u>	TITLE_Seni	or Regulatory Analy			

APPROVED BY:	Ĩ	YÜ	<u>J</u> a	are
Conditions of Approv	al (if	any):		

TITLE DIST E Supervisor DATE 10/26/2015