

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 87422
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

JUN 22 2018

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
 Santa Fe, NM 87505
 DISTRICT II-ARTESIA O.C.D.

WELL API NO. 30-015-25384
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1266
7. Lease Name or Unit Agreement Name GJ West Coop Unit
8. Well Number 70
9. OGRID Number 229137
10. Pool name or Wildcat GJ; 7Rvs-Qn-Grbg-Glorieta-Yeso East
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3548' GR

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 Gas Well Other

2. Name of Operator
COG Operating, LLC

3. Address of Operator
600 W. Illinois Ave, Midland, TX 79701

4. Well Location
 Unit Letter L : 1345 feet from the S line and 330 feet from the W line
 Section 22 Township 17S Range 29E NMPM County Eddy

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"/>			
CLOSED-LOOP SYSTEM <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.

06/08/18 MIRU Plugging equipment. POH w/ rods & pump. 06/11/18 Dug out cellar, ND well head, NU BOP. Set 5 1/2" CIBP @ 2556'. Circulated hole w/ MLF. Pressure tested csg, held 500 psi. Spotted 25 sx class C cmt @ 2556-2309'. WOC. 06/12/18 Tagged plug @ 2344'. Spotted 30 sx class C cmt w/ 2% CACL @ 990-694'. WOC. Tagged plug @ 694'. Perf'd csg @ 260'. Established injection rate, had no circulation. Sqz'd 80 sx class C cmt w/ 2% CACL @ 260-125'. WOC. 06/13/18 Tagged plug @ 84'. Perf'd csg @ 84', pressured up on perfs to 900 psi. Perf'd csg @ 50', pressured up on perfs to 900 psi. ND BOP. Spotted 10 sx class C cmt @ 84' & circulated to surface. Rigged down and moved off. 06/15/18 Moved in backhoe and welder. Dug out cellar. Cut off well head. Verified cmt to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, moved off.

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 KC TITLE Regulatory Analyst DATE 6/19/18
 Type or print name Kanicia Castillo E-mail address: KCastillo@concho.com PHONE: 432-685-4332
For State Use Only

APPROVED BY: [Signature] TITLE Staff MS DATE 6-22-18
 Conditions of Approval (if any):