

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
 RECEIVED
 Regulatory, Minerals and Natural Resources
 JUL 18 2018
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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. 30-015-24611
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating, LLC		6. State Oil & Gas Lease No. B-2017
3. Address of Operator 600 W. Illinois Ave, Midland, TX 79701		7. Lease Name or Unit Agreement Name Samedan State
4. Well Location Unit Letter <u>0</u> : <u>330</u> feet from the <u>S</u> line and <u>2287</u> feet from the <u>E</u> line Section <u>27</u> Township <u>17S</u> Range <u>28E</u> NMPM County <u>Eddy</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3675' GR		9. OGRID Number 229137
		10. Pool name or Wildcat Artesia Qn-Grbg-SA

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.

06/27/18 MIRU Plugging Equipment. 06/28/18 ND well head. POH w/ 111 3/4" rods & pump. Dug out cellar. Circulated 5 1/2" csg w/ H2O to kill well. NU BOP. POH w/ 87 jts of tbg. Set 5 1/2" CIBP @ 2385'. Circulated hole w/ MLF. Pressure tested csg, held. Spotted 25 sx class C cmt @ 2385-2135'. WOC. 06/29/18 Tagged plug @ 2135'. Spotted 25 sx class C cmt @ 900-650'. WOC. Tagged plug @ 648'. Perf'd csg @ 596'. RU pump & established injection rate, hole would not circulate. Pressured up on perfs to 500 psi. Spotted 25 sx class C cmt @ 648-398'. WOC. 07/02/18 Tagged plug @ 380'. Perf'd csg @ 200', ND BOP. Squeezed 130 sx class C cmt @ 200' & circulated to surface. Rigged down and moved off. 07/03/18 Moved in backhoe and welder. Dug out cellar. Verified cmt to surface. Cut off well head. 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 Advisor DATE 7/16/18
 Type or print name Karicia Castilla E-mail address: Kcastilla@concho.com PHONE: 432-685-4332
For State Use Only

APPROVED BY: [Signature] TITLE Staff mgr DATE 7-18-18
 Conditions of Approval (if any):