

proposed 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  
Revised July 18, 2013

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-015-29322
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Skelly Unit
8. Well Number 902
9. OGRID Number 229137
10. Pool name or Wildcat SWD; Wolfcamp-Cisco
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3868 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> SWD	
2. Name of Operator COG Operating LLC	
3. Address of Operator 600 W Illinois Avenue Midland, TX 79701	
4. Well Location Unit Letter <u>E</u> : <u>1650</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>West</u> line Section <u>15</u> Township <u>17S</u> Range <u>31E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3868 GR	

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 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: Proactive Pull & MIT <input checked="" 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.

6/21 - 7/3/2019 MIRU WSU. POOH w/tbg; found 13 bad jts. Hydrotest tbg back in hole, tested good. Engaged packer and rotated till torqued up pulled 5pt over successfully. Set 18 pts compression on packer. RIH latched onto opened equalize plug, release plug. POOH LD blanking plug. Loaded tbg w/73 bbls 10# brine, had 1300#. Pumped 75 bbls 13.5# mud down tbg. Released packer. LD 24' tbg subs, could not pump down csg, hold in 3000#. RU JSI, RIH, punched 4 holes @ 8320'. RD JSI. Pumped 125 bbls 13.5 mud down csg. Tbg and csg on vacuum. POOH w/tbg & packer. RIH w/pump out plug, 5-1/2" ASI-X packer & 259 jts 3-1/2" IPC tbg. RIH latched on to ASI-X packer. Test csg to 500#, held 10 min. Unlatched from packer. Displaced csg w/10# brine, switched to FW w/packer fluid tbg elongated and latched up to packer. NU tbg stripper head. Unlatched from packer. Displaced 10# brine w/125 bbls FW, w/110 gals of Cat250 PF. Latched on/off. Tested to 500#, held. ND stripper head and BOP. Land packer w/12 pts compression. Pump out plug @ 4000#. Contact NMOCD rep Dan Smolik about MIT test 7:00 am on Monday, 7/8<sup>th</sup>.

7/8/2019 RU chart recorder and tested tbg to 590# for 15 mins, good test, witnessed by NMOCD rep Dan Smolik. See attached MIT Chart.

7/9/2019 Pumped 4500 gals 15% HCL, w/ACI-256, NE-116, FE-60, S-1 additives @ 2 BPM, 1800#. Flushed w/75 BFW @ 2 BPM 1450#. ISP 1250#. Left well SI for 4 hours. Turned well over to SWD group.

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 Dana King TITLE Permit Specialist II DATE 7/24/2019

Type or print name Dana King E-mail address: dking@concho.com PHONE: (432) 818-2267

For State Use Only

APPROVED BY: Da Smolik TITLE Compliance Officer DATE 7-29-19

Conditions of Approval (if any):

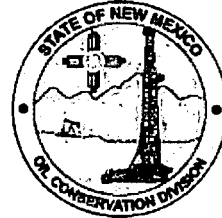
State of New Mexico  
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham  
Governor

Sarah Cottrell Propst  
Cabinet Secretary Designate

Todd E. Leahy, JD, PhD  
Deputy Secretary

Gabriel Wade, Acting Director  
Oil Conservation Division



Date: <sup>DS</sup> ~~7~~ 7-8-19

API# 30-015-29322

A Mechanical Integrity Test (M.I.T.) was performed on, Well Skelly unit 902

☒ M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, [www.emnrd.state.nm.us/ocd/OCDOOnline.htm](http://www.emnrd.state.nm.us/ocd/OCDOOnline.htm) 7 to 10 days after postdating.

☐ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.  
**No expectation of extension should be construed because of this test.**

☐ M.I.T. for Temporary Abandonment, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.


☐ M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

☐ M.I.T. is successful, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A C-103 form must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact Rusty Klein at 575-748-1283 x109 for verification to ensure documentation requirements are in place prior to injection process.

*If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.*

Thank You,

  
Dan Smolk, Compliance Officer  
EMNRD-O.C.D.  
District II - Artesia, NM

