

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO. 30-015-33196
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-8435
7. Lease Name or Unit Agreement Name Red Lake Sand Unit
8. Well Number 43
9. OGRID Number 229137
10. Pool name or Wildcat Red Lake Shores; Grayburg

Pit or Below-Grade Tank Application ☐ or Closure ☐

Pit type _____ Depth Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 Injection ☒ **RECEIVED**

2. Name of Operator
COG Operating LLC **MAR 06 2006**

3. Address of Operator
550 W. Texas, Suite 1300, Midland, TX 79701 **UPDATED**

4. Well Location
Unit Letter O 330 feet from the South line and 1650 feet from the East line
Section 20 Township 17S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3607' 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER: Convert to Injection, CIT Test <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/26/2005 POH w/rods and tubing. RIH w/AD-1 packer and 57 joints 2 3/8" plastic coated tubing set packer @ 1807. Circ packer fluid and pressure test to 500# for 30 minutes, held OK. Put well on injection. CIT chart enclosed.

Refer to WFX-803

Denied - Reference NMOCD
Rule 19.15.9.704.A(5)
operator of Record Mack Energy

Approved after receipt
of change of operator
Bennett

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Jerry W. Sherrell TITLE Production Clerk DATE 3/2/2006
Type or print name Jerry W. Sherrell E-mail address: jerrys@mackenergycorp.com Telephone No. (432)685-4372
For State Use Onl

APPROVED BY: _____ TITLE Accepted for record NMOCD DATE MAR 14 2006
Conditions of Approval (if any): _____