

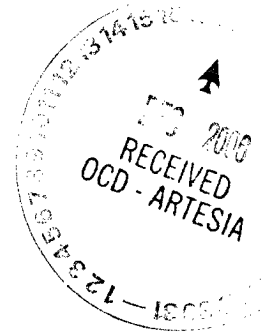


# **ALLSTATE ENVIRONMENTAL SERVICES, LLC**



P.O BOX 11322  
MIDLAND, TEXAS 79702  
OFFICE: (432) 682-3547  
FAX: (432) 682-4182  
Contractors License #94195

30-015-34559



August 2, 2006

New Mexico Oil Conservation Division  
District 2  
1301 Grand Avenue  
Artesia, New Mexico 88210

Dear Sir/Ma'am

Included in this mailing is the closure report for COG Operating Corp. Willow State #8 lease. As indicated in the summary the pit closure work was begun on July 26, 2006 and completed on August 2, 2006.

Any concern or questions regarding this site may be addressed to Randy Offield, Allstate Environmental Services, at 432-682-3547 or his e-mail address at [allstateenviro@sbcglobal.net](mailto:allstateenviro@sbcglobal.net)

Sincerely  
Mark Meadows for Randy Offield-Owner  
Allstate Environmental Services

cc: COG Operating Corp.-Artesia, N.M.  
Allstate Environmental Svcs. file

RECEIVED  
AUG 24 2006

COG OPERATING LLC  
WILLOW STATE #8  
API #: 30-015-34559  
EDDY COUNTY, NM

CLOSURE BEGAN: 7-26-06  
CLOSURE COMPLETE: 8-2-06

40'  
wide

Mud Trench

120' long

100' to edge  
of trench

Old Mud Pits

Pipe

Well  
Head

1

Supplies 10 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

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-015-34559</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-2613</b>
7. Lease Name or Unit Agreement Name <b>WILLOW STATE</b>
8. Well Number <b>8</b>
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>EMPIRE; YESO, EAST (96610)</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <b>COG Operating LLC</b>	
3. Address of Operator <b>550 W. Texas Ave., Suite 1300 Midland, TX 79701</b>	
4. Well Location Unit Letter <b>O</b> : <b>330</b> feet from the <b>SOUTH</b> line and <b>1650</b> feet from the <b>EAST</b> line Section <b>16</b> Township <b>17S</b> Range <b>31E</b> NMPM County <b>EDDY</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3814' GR</b>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	<b>PIT CLOSURE</b> <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.

On July 26, 2006, Allstate Environmental Services started closure procedures.  
Closure of the pits was completed August 2, 2006.

Attachments:  
Diagram of well site and pit location.



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 Phyllis Edwards TITLE Regulatory Analyst DATE 9-26-06

Type or print name Phyllis Edwards E-mail address: pedwards@conchoresources.com Telephone No. 432-685-4340

For State Use Only  
APPROVED BY Jim W. Edwards TITLE District II Supervisor DATE 9/26/06  
Conditions of Approval (if any):

Accepted for record - NMOCD

12/20/06