

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. 30-015-35930	
5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name POLARIS B FEDERAL	
8. Well Number	18
9. OGRID Number 229137	
10. Pool name or Wildcat LOCO HILLS; Glorieta Yeso	

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** **OCD-ARTESIA**

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

4. Well Location
Unit Letter **C** : **330'** feet from the **North** line and **2310'** feet from the **West** line
Section **17** Township **17S** Range **30E** NMPM County **EDDY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3677' GR

Pit or Below-grade Tank Application ☐ or Closure ☒

Pit type **DRILLING** Depth to Groundwater **115'** Distance from nearest fresh water well **1000'** Distance from nearest surface water **1000'**

Pit Liner Thickness: **12 mil** Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: **Drill with closed loop system** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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.

COG Operating LLC respectfully requests permission to drill this well with a closed loop system.

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 4-23-08

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

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): **Accepted for record - NMOCD**