

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

WELL API NO.

**30-015-34987**

5. Indicate Type of Lease **FEDERAL**  
STATE ☐ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name
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**R J Unit**

8. Well Number	143
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9. OGRID Number	229137
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10. Pool name or Wildcat  
**Grayburg Jackson SR Q G SA**

**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 ☐ JUN 06 2008

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 N : 564' feet from the South line and 2630' feet from the West line

Section 27 Township 17S Range 29E NMPM County EDDY

11. Elevation (*Show whether DR, RKB, RT, GR, etc.*)  
**3536' 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'
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<b>Pit Liner Thickness:</b>	<b>12 mil</b>	<b>Below-Grade Tank: Volume</b>	<b>bbls;</b>	<b>Construction Material</b>
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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 NMOC guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE K. S. Sward TITLE Regulatory Analyst DATE 6-4-08

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 - NMOCB