Office	13 Copies 10 Appropriate D		State of New M			Form C-103 May 27, 2004
Distric	<u>t I</u> I. French Dr., Hobbs, NM 88		gy, Minerals and Nat	urai Resources	WELL API NO.	Way 27, 2004
Distric			CONCEDIA			15-38074
	1301 W. Grand Ave., Artesia, NM 88210  District III  OIL CONSERVATION DIVIS  1220 South St. Francis Dr				5. Indicate Type o	
	<u>t III</u> .io Brazos Rd., Aztec, NM 8	7410		ncis Dr.	STATE 🗵	
Distric		7410	Santa Fe, NM 8	7505	6. State Oil & Gas	
	. St. Francis Dr., Santa Fe, N	NM		•		
87505	STINIDAY	NOTICES AND	REPORTS ON WELLS	2	7 Laga Nama an	Unit A anapment Nome
(DO N					7. Lease Name or	Unit Agreement Name
(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					White	Oak State
	OSALS.)	<b>5</b> 2		-	8. Well Number	16
	pe of Well: Oil Well	☐ Gas Well	U Other			
2. Na	ame of Operator	COC Opera	sting LLC		9. OGRID Numbe	Į.
3 4	ddress of Operator	COG Opera	iling LLC		10. Pool name or V	<b>29137</b> Wildcat <b>96210</b>
J. A.	550 W. Texas Ave	Suite 1300	Midland	TX 79701		Glorieta-Yeso
4 337			- Intralation	1773701	Linpire,	Oloneta-Teso
4. W	ell Location	00401				
	Unit Letter!	: 2310'	feet from the <b>South</b>	line and <b>330'</b>	feet from the _	
	Section 23		Township 17S	Range 28E	NMPM	County <b>EDDY</b>
	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	11. Elev	ation (Show whether DF			
				GR C		
Pit or B	Below-grade Tank Applicat	tion [ ] or Closure [_				
Pit type	Depth to 0	Groundwater	_Distance from nearest fres	h water well D	istance from nearest si	ırface water
Pit Line	er Thickness:	Below-Grade Tank	k: Volumebl	ols; Construction Materi	al	_
	12 C	heck Annronris	nte Box to Indicate N	Jature of Notice D	eport or Other I	Data
	12.	псск дрргориа	ite box to indicate i	valuic of Notice, is	report of Other I	Jaia
	NOTICE (	OF INTENTIC	N TO:	SUBS	EQUENT REP	ORT OF:
PERF	ORM REMEDIAL WO		ND ABANDON 🔲	REMEDIAL WORK		ALTERING CASING
TEMP	PORARILY ABANDON	☐ CHANG	E PLANS	COMMENCE DRIL	LING OPNS.□ I	P AND A
PULL	OR ALTER CASING	☐ MULTIP	LE COMPL	CASING/CEMENT		. —
ОТНЕ		casing program		OTHER:		
	. Describe proposed o	r completed opera	ations. (Clearly state all	pertinent details, and		s, including estimated date
	Describe proposed of starting any propose	r completed opera	ations. (Clearly state all	pertinent details, and		s, including estimated date m of proposed completion
	. Describe proposed o	r completed opera	ations. (Clearly state all	pertinent details, and		
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