

Submit 1 Copy To Appropriate District Office  
 District I – (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II – (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III – (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV – (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Rec'd 05/29/2020 - NMOCD

Form C-103

Revised August 1, 2011

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

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL APINO. 30-025-46423 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No.
2. Name of Operator COG Operating LLC		7. Lease Name or Unit Agreement Name Lychee State Com 8. Well Number 503H
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		9. OGRID Number 229137
4. Well Location Unit Letter <u>N</u> : <u>410</u> feet from the <u>South</u> line and <u>1580</u> feet from the <u>West</u> line Section <u>22</u> Township <u>21S</u> Range <u>34E</u> NMPM Lea County		10. Pool name or Wildcat Berry; Bone Spring, South
11. Elevation ( <i>Show whether DR, RKB, RT, GR, etc.</i> ) 3713' GR		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>Completion Operations</u> <input checked="" type="checkbox"/>	
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/14/20 Test 9 5/8" X 5 1/2" annulus to 1500#. Good test. Set CBP @ 20,731'. Perf 20,706-20,716'. Injection test.  
 1/31/20 to 2/16/20 Perf 10,717-20,644' (1400). Acdz w/38,020 gal 7 1/2% acid. Frac w/23,612,640# sand & 24,755,352 gal fluid.  
 2/18/20 – 2/22/20 Drilled out plugs. Clean down to 20,653'  
 2/23/20 to 2/25/20 Set 2 7/8" 6.5# L-80 tbg @ 9,806' & pkr @ 9,796'.  
 3/1/20 Began flowing back & testing.  
 3/4/20 Date of first production.

Spud Date: 11/17/19 Rig Release Date: 1/6/20

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Amanda Avery TITLE: Regulatory Analyst DATE: 5/28/20

Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

**For State Use Only**

APPROVED BY: PM TITLE LM II DATE 7/24/2020

Conditions of Approval (if any):