

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 11/30/2020 - NMOCD

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-30956
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1921
7. Lease Name or Unit Agreement Name Phillips ST
8. Well Number #1
9. OGRID Number 229137
10. Pool name or Wildcat Wildcat; Bone Springs
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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"/>	
2. Name of Operator COG Operating, LLC	
3. Address of Operator 2208 W Main Street Artesia, NM 88210	
4. Well Location Unit Letter O : 990 feet from the S line and 1980 feet from the E line Section 17 Township 21S Range 35E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	PNR <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/22/20 - MIRU, 10/29/20 Tagged CIBP @ 10,388' set a CIBP @ 8,400', 10/30/20 -Rlw W/ TBG Tagged CIBP @ 8,400' circulated well W/ 330bbls of MLF, test casing held 500 psi for 20 min, spot 45sx Class H cmt @ 8,400' - 8,184', 11/2/20 - Perfid @ 7,450' could not Est. Inj. Rate, Spotted 25sx class H cmt @ 7,500' 7,330' WOC and Tagged @ 7,347' 11/3/20 - Perfid @ 5,700' could not Est. Inj. Rate, Spotted 40sx class C cmt @ 5,750' — 5,484' WOC and Tagged @ 5,338', 11/4/20 — Perfid @ 4,050' could not Est. Inj. Rate, spotted 40sx class C cmt 4,100' - 3,866' WOC and Tagged @ 3,920' 11/5/20 - Perf'd @ 1,915' could not Est. Inj. Rate, spotted 50sx class C cmt @ 1,967' - 1,647' WOC and Tagged @ 1,638': Perfid @ 200' SIW, 11/6/20 — Squeezed 300sx Class C cmt from 200' to surface cement would not circulate thru surface displaced cement to 200' 11/9/20 — Squeezed 250sx Class C cmt 200' to Surface (cement circulated thru surface valves) ALL PLUGGING PROCEDURES APPROVED BY OCD.

Spud Date:

Rig Release Date:

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

SIGNATURE Delilah Flores TITLE: Regulatory Technician

DATE: 11/30/2020

Type or print name: Delilah Flores

E-mail address: dflores2@concho.com

PHONE: 575-748-6946

For State Use Only

APPROVED BY: Kerry Fortner TITLE: Compliance Officer A

DATE: 3/9/21

Conditions of Approval (if any):