

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

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-34020
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BG State
8. Well Number 2
9. OGRID Number 229137
10. Pool name or Wildcat N Vacuum Atoka- Morrow
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) 3985' GR

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

3. Address of Operator
2208 W. Main Artesia, NM 88210

4. Well Location
 Unit Letter **J** : **1780** feet from the **S** line and **1810** feet from the **E** line
 Section **19** Township **17S** Range **35E** NMPM County **Lea**

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"/>	
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.

08/10/20 MIRU plugging equipment. Dug out cellar. ND well head, NU BOP. RIH w/ tbg. 08/11/20 Tagged existing CIBP @ 11,261'. Spotted 25 sx class H cmt @ 11261-11028'. WOC. 08/12/20 Spotted 35 class H cmt @ 9540-9213'. 08/13/20 Spotted 25 sx class C cmt @ 6500-6247'. Perf'd csg @ 5070'. Pressured up on perfs to 800 PSI. Spotted 60 sx class C cmt w/ 2% CACL @ 5120-4514'. WOC. Tagged plug @ 4535'. Spotted 25 sx class C cmt @ 3060-2807'. WOC. 08/17/20 Tagged plug @ 2834'. Perf'd csg @ 1669'. Sqz'd 85 sx class C cmt w/ 2% CACL @ 1669-1467'. WOC. Tagged plug @ 1457'. Perf'd csg @ 150'. Established an injection rate out of 5 1/2" & 8 5/8", pressured up on 11 3/4" csg. Sqz'd 50 sx class C cmt @ 150' & circulated to surface inside 5 1/2" & out of 8 5/8" csg. Rigged down & moved off. 08/24/20 Moved in backhoe and welder, dug out cellar, cut off well head, and Kerry Fortner w/ BLM verified cement to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

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: 08/26/2020

Type or print name: Delilah Flores E-mail address: dflores2@concho.com PHONE: 575-748-6946

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):