	To Appropriate District	Sta	ate of New Me	exico		Form C-103	
Office <u>District I</u> 1625 N. French	Dr , Hobbs, NM 88240	4	nerals and Natu		WELL API NO	October 13, 2009	
District II 1301 W. Grand	301 W Grand Ave , Artesia, NM 88210 CONSERVATION DIVISION					30-025-40103	
District III 1000 Rio Brazos Rd, Aztec, NM 87410 District IV AUG 18 2011 Santa Fe, NM 87505						5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.	
1220 S St. Fran 87505	cıs Dr., Santa Fe, NM						
SUNDRY NOR CENTED 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					7. Lease Name	or Unit Agreement Name	
						Stratojet 31 State Com	
					8. Well Numbe	8. Well Number 3H	
2. Name of Operator					9. OGRID Nun	9. OGRID Number	
COG Operating LLC						229137	
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210					10. Pool name Berry;	or Wildcat \checkmark Bone Spring, North	
4. Well Loca	ation						
	Letter <u>N</u> :			h line and	<u>1980</u> feet from		
Sect		Township	20S	Range 351		1 Lea County	
		1. Elevation (Si	now whether DK 3725				
	· · · · ·	1° 4 NT 4					
12. Check A	Appropriate Box to Inc	licate Nature	e of Nouce, Re	eport or Other I	Jata		
	NOTICE OF INTE	ENTION TO	:		BSEQUENT R	_	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI					ILLING OPNS. P AND A		
OTHER:				OTHER:	Completion Oper	rations 🛛	
	proposed or completed op	erations. (Clear	rly state all perti			including estimated date of	
0	ny proposed work). SEE	RULE 19.15.7.	14 NMAC. For	Multiple Complet	ons: Attach wellbo	ore diagram of proposed	
completio	on or recompletion.						
	7/11 MIRU WSU. RIH &		\sim			2264 and & 2266424 and fluid	
	ut all frac plugs.	g 11024-14902	(300). Acuz w/	29820 gai 7 1/276	aciu. Flac w/3695.	336# sand & 2366434 gal fluid.	
	lowing back & testing.						
[<i>C/O C /1 1</i>		
Spud Date:	5/26/11		Rig Release D	ate:	6/26/11		
l	<u> </u>			L]	
	۰						
Lhereby certif	y that the information abo	ve is true and c	omplete to the h	est of my knowled	ge and belief		
-			-		-		
SIGNATURE	<i>y</i>	int		Regulatory Analys		DATE: <u>8/16/11</u>	
Type or print	name: <u>Stormi Davis</u>		E-mail addres	s: <u>sdavis@conc</u>	ho.com	PHONE: (575) 748-6946	
For State Use		115	-	PERPLAN B	NGANEER	DATE AUG 3 1 201	
APPROVED		they -	TITLE	- and the mail and the	•	AUG 3 1 201	
Conditions of	Approval (if any):						

AUG 3 1 2011