

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30- <u>025-26409</u>
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.

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 SWD Inject

2. Name of Operator
COG Operating LLC

3. Address of Operator
550 W. Texas Ave., Suite 1300 Midland, TX 79701

7. Lease Name or Unit Agreement Name
Jalmat Yates Unit

8. Well Number **31**

9. OGRID Number
229137

10. Pool name or Wildcat
Jalmat Yates Seven Rivers

Well Location
Unit Letter K : 1650 feet from the South line and 1700 feet from the West line
Section 18 Township 25S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3113 GL

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

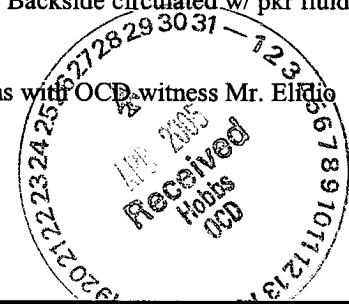
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MIT Test <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 3/31/05 MIRU PU. Bled well down to test tank. ND WH & NU BOP. Unset pkr. TOH w/ tbg & pkr. SWI & took pkr in to be re-dressed.
- 4/01/05 RU Tbg Testers & tested in hole to 5000 psi w/ Baker 2-3/8" x 5-1/2" 15.5# AD1 pkr plastic coated & 4 jts 2-3/8" J55 IPC tbg & CO 82 jts 2-1/16 integral jt 10rd IPC tbg. Set pkr. RD BOP & RU WH. Psi up to 573 psi. Backside circulated w/ pkr fluid. Pkr set @ 2760.92' w/ 12 pts tension.
- 4/04/05 Ran mechanical Integrity Test. Pressured back side of csg to 395-390 psi and held for 30 mins with OCD witness Mr. Eladio Gonzales. Test was good. Copy of chart on back and original chart attached.



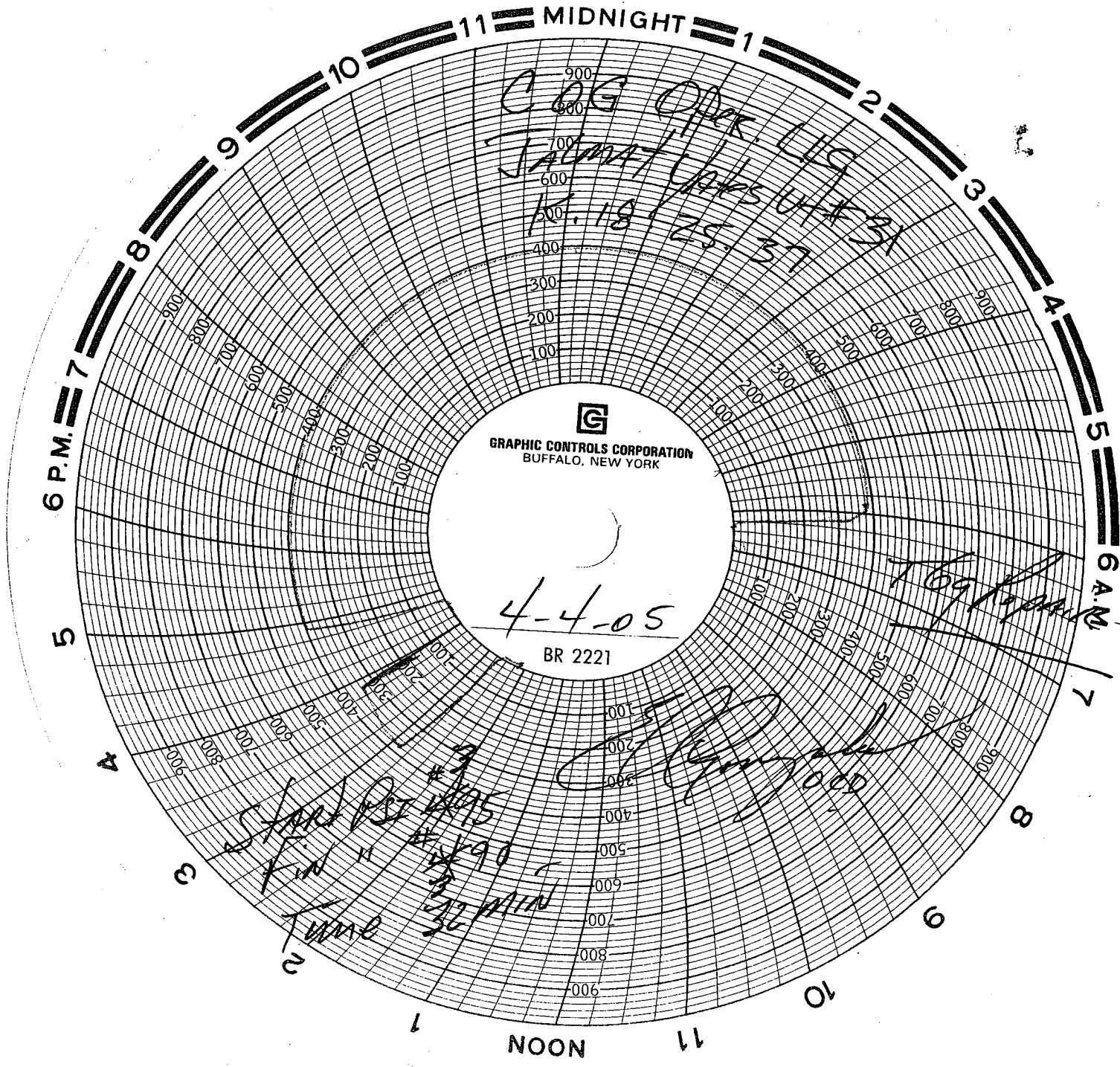
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Diane Kuykendall TITLE Regulatory Analyst DATE 4/25/05

Type or print name Diane Kuykendall E-mail address: dkuykendall@conchoresources.com Telephone No. 432-685-4372

APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE APR 28 2005

Conditions of Approval (if any):



COG OP
TALMA-11K 419
K. 18 25 37 31

169/1000

1000

Start PSI 495
Kin " 490
Time 30 min

NOON

6 P.M.

6 A.M.