Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I = (575) 393-6161 Energy, Minerals and Natural Resources			Revised August 1, 2011 WELL API NO.	
1625 N French Dr., Hobbs, NM 88240 CD District II – (575) 748-1283 OIL CONSERVATION DIVISION			30-025-40388	
811 S First St., Artesia, NM 88210 OIL CONSERVATION DIVISION District III - (505) 334-6178 - 7 2007 1220 South St. Francis Dr.			5. Indicate Type of Lease	
ANY SONTO HO NIMI V /SIIS			STATE FEE 6. State Oil & Gas Lease No.	
1220 S St Francis Dr., Santa Fe, NM			o. State off & das Lease	No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit A	greement Name
(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.)			King Cobra 2 State	
1. Type of Well: Oil Well Gas Well Other			8. Well Number	
2. Name of Operator COG Operating LLC			9. OGRID Number 229137	
3. Address of Operator			10. Pool name or Wildcat	
2208 W. Main Street, Artesia, NM 88210			Scharb; Bone Spring	
4. Well Location Unit Letter A: 460 feet from the North line and 460 feet from the East line				
Unit Letter A: 460 feet from the North line and 460 feet from the East line Section 2 Township 19S Range 34E NMPM Lea County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3969' GR				
12. Check App	propriate Box to Indicate Na	ature of Notice,	Report or Other Data	
. NOTICE OF INTENTION TO: SUBS				
TEMPORARILY ABANDON			ILLING OPNS. 🗌 P AND	Α 🗆
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE			•	
OTHER:		OTHER:	Ran Tubing	\boxtimes
13. Describe proposed or complete				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
,				
6/8/12 to 6/12/12 MIRU WSU. Release pkr & POOH. Set 2 7/8" 6.5# L-80 tbg @ 10258' & place well on pump.				
Spud Date: 3/14/12	Rig Release Da	ote:	4/11/12	
5/14/12	Tag Release Bu		4/11/12	
I hereby certify that the information abo	ve is true and complete to the be	est of my knowledg	e and belief.	
2				•
SIGNATURE TITLE: Regulatory Analyst			DATE:	6/22/12
Type or print name: Stormi Davis E-mail address: sdavis@concho.			o.com PHONE:	<u>(575) 748-6946</u>
For State Use Only	,			
APPROVED BY	TITLE S	TAN ME	SE DATE	-26-2012
Conditions of Approval (if any):				
			JUN 2.6	2012