Submit 1 Copy Office	mit 1 Copy To Appropriate District State of New Me				Form C-103		
District I – (575	District 1 (575) 393-6161 Energy, Minerals and Natural Resources					Revised August 1/2011 WELL API NO.	
<u> 131811101 11 - (37</u>	District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION					30-025-40944	
811 S. First St., District III – (50	811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 APR 17 2014 1220 South St. Francis Dr.					5. Indicate Type of Lease	
1000 Rio Brazo	1000 Rio Brazos Rd., Aztec, NM 87410					ΓE	
1220 S. St. Francis Dr., Santa Fe, NM					6. State Off	& Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS					7 Leace No	ime or Unit Agreement 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.)					Corazon 4 State SWD		
1. Type of Well: Oil Well Gas Well Other SWD						mber 1	
2. Name of Operator COG Operating LLC					9. OGRID I	9. OGRID Number 229137	
3. Address of Operator					10. Pool name or Wildcat		
2208 W. Main Street, Artesia, NM 88210					SWD; Cherry Canyon-Brushy Canyon		
4. Well Location Unit Letter : 3800 / feet from the North line and 2500 feet from the East line							
Unit Letter : 3800 / feet from the North line and 2500 feet from the East line Section 4 Township 21S Range 33E NMPM Lea County							
11. Elevation (Show whether DR, RKB, RT, GR, etc.)						W Eca County	
	***	:	3805	5' GR			
TEMPORAR PULL OR AL DOWNHOLE OTHER: 13. Desc of sta prope 3/10/14 Frac 3/20/14 Set 4	NOTICE OF REMEDIAL WORK [ILY ABANDON [ILY ABANDON [ILY CASING INTER CASING INTER COMMINGLE INTERCED COMMINGLE COMMINGLE INTERCED COMMINGLE	INTENTION TO PLUG AND AB CHANGE PLAI MULTIPLE CO MULTIPLE CO MULTIPLE CO SEE RULE Ecompletion. d & 232302 gal flui to tbg & pkr @ 5657	D: BANDON	REMEDIAL WOR COMMENCE DR CASING/CEMEN OTHER: pertinent details, an C. For Multiple Compensation	SEQUENT K ILLING OPNS. T JOB Frac d give pertiner mpletions: Att	REPORT OF: ALTERING CASING	
Spud Date:	4/1/1	3	Rig Release D	Date:	4/16/13		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE TITLE: Regulatory Analyst DATE: 4/10/14							
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946							
For State Use APPROVED I Conditions of	VI All	Brown	O TITLE	ist. Super	VIGOU _	DATE 4/21/2014	

