Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103	
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 St. S. First St. Artesia, NM 88210 OIL CONSERVATION DIVISION			WELL API NO.	Revised July 18, 2013 WELL API NO.	
			30-	025-38600	
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178		ath St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	NM 87410 Sonto Eq. NM 97505		STATE [6. State Oil & Ga		
1220 S. St. Francis Dr., Santa Fe, NM			o. State on & Ga	s Lease 140.	
87505 SUNDRY NOT	. 7. Lease Name or	Unit Agreement Name			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Į.	Pick SWD	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				8. Well Number	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other SWD HOBBS OCD				2	
Name of Operator COG Operating LLC		JUL 21 2014	9. OGRID Numb	er / 229137	
3. Address of Operator			10. Pool name or	Wildcat	
2208 W. Main Street, Artesia,	NM 88210	RECEIVED	SWI	D; Delaware	
4. Well Location					
Unit Letter J:		the <u>South</u> line and _			
Section 23 Township 18S Range 33E NMPM Lea County					
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐					
PULL OR ALTER CASING					
DOWNHOLE COMMINGLE					
OTHER:	1 (01 1	OTHER:	 		
13. Describe proposed or complete starting any proposed work). completion or recompletion.					
6/27/14 to 7/9/14 MIRU WSU. POOH w/tbg & pkr. RIH w/RBP & pkr & test csg to 1000# for 15 mins. Test good.					
POOH w/RBP & pkr. RIH & set 2 7/8" Glassbore injection tbg & pkr @ 5706'. Circ pkr fluid. Pressure test to 520#					
for 30 mins w/no leak-off.		_			
(Chart attached.)					
				Pw 5757	
				143.0	
•			,		
I hereby certify that the information	above is true and comp	olete to the best of my knowl	edge and belief.		
SIGNATURE	red T	ITLE: Regulatory Anal	yst	DATE:7/18/14	
Type or print name: Stormi Da	vis E	-mail address: _sdavis@co	ncho.com	PHONE: (575) 748-6946	
For State Use Only	\mathcal{I}	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		,	
APPROVED BY: Wally Show TITLE Dust Supervisor DATE 7/29/2014					
Conditions of Approval (if any):					
AUG V 2 Zovin					
			••	M	
				• •	

HOBBS OCD

JUL 2 9 2014

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