Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	ARRS OCD	WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION 1220 South St. Francis Pro 3 2014	30-025-40397
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Pro 3 2014	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	·	6. State Oil & Gas Lease No.
87505	RECEIVED	
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Airstrip 6 State Com
1. Type of Well: Oil Well	Gas Well Other	8. Well Number
2. Name of Operator		9. OGRID Number
COG Operating LLC		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 L:	feet from the South line and	665 feet from the West line
Section 6	Township 19S Range 35E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	c.)
	3904' GR	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: Reset Tubing & Place on Pump MULTIPLE COMPL 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 8/22/14 to 8/23/14 POOH w/tbg & pkr. Set 2 7/8" 6.5# L-80 tbg @ 10210' and place well on pump.		
Spud Date: 5/11/1-	Rig Release Date:	6/3/14
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE: Regulatory Analyst DATE: 9/2/14		
Type or print name: Stormi Da	vis E-mail address: sdavis@conc	ho.com PHONE: (575) 748-6946
For State Use Only		_
Datuslama Francisco		
APPROVED BY:	TITLETITLE	DATE OGING