Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONCEDIVATION DIVIDION		WELL API NO. 30-025-40944
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	,		o. State on & Gas Lease No.
87505 SUNDRY NOTI	ICES AND REPORTS ON WELLS		7. Lease Name 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			Corazon 4 State SWD
1. Type of Well: Oil Well	Gas Well Other SWD	DES OCD	8. Well Number
2. Name of Operator		T 16 ZUN	9. OGRID Number
COG Operating LLC		,,, 45 0 20 11	229137
3. Address of Operator 2208 W. Main Street, Artesia, I	VM 88210	RECEIVED	10. Pool name or Wildcat SWD; Cherry Canyon-Brushy Canyon
4. Well Location		04FFFF8.0 GB	5 WD, Cherry Curryon-Brushy Curryon
Unit Letter :3800 feet from theNorth line and2500 feet from theEast line			
Section 4 Township 21S Range 33E NMPM Lea County			
	11. Elevation (Show whether DR 3805)		
10. Charle Assuranciate Dente Indicate Nature of Nation Dente Other Day			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WOR	_
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	
DOWNHOLE COMMINGLE			
OTHER:	,	OTHER:	Acidize 🖂
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.			
proposed completion of rec	ompletion.		
			•
8/21/14 Acdz w/6630 gal 15% NeFe acid.			
Spud Date: 4/1/13	Rig Release Da	ate:	4/16/13
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE DO	TITLE: F	Regulatory Analyst	DATE: 10/10/14
Type or print name: Stormi Da	vis E-mail addres	s: sdavis@conch	o.com PHONE: (575) 748-6946
For State Use Only	!		/ / .
APPROVED BY:	TITLE P	etroleum Engine	er DATE 10/16/14
Conditions of Approval (if any):	111111111111111111111111111111111111111		, DAIL , - II - V

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