| Submit I Copy To Appropriate District Office | State of New Mexico | | Form C-103 |
|---|--|-----------------------------|--------------------------------------|
| District I – (575) 393-6161 | Energy, Minerals and Natural Resources | | Revised July 18, 2013 WELL API NO. |
| 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 | | | 30-025-40854 |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease |
| <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE S FEE |
| <u>District IV</u> – (505) 476-3460 | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | |
| SUNDRY NOTICES 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 | | | Bebidas State |
| PROPOSALS.) MOBBS OCD | | | |
| 1. Type of Well: Oil Well | Gas Well 🔲 Other | | 8. Well Number |
| 2 Name of Operator | | DEC 1.8 2014 | 9. OGRID Number |
| 2. Name of Operator COG Production LLC | | DEC A C Zorr | 9. OGRID Number 217955 |
| 3. Address of Operator | | | 10. Pool name or Wildcat |
| 2208 W. Main Street, Artesia | , NM 88210 | RECEIVED | Cruz; Bone Spring |
| 4. Well Location | | | |
| Unit Letter M: 394 feet from the South line and 380 feet from the West line | | | |
| Section 16 Township 23S Range 33E NMPM Lea County | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 3715' GR | | | |
| | | | |
| 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 MULTIPLE COMPL CASING/CEMENT JOB | | | |
| DOWNHOLE COMMINGLE | | | |
| OTHER: | | OTHER: | Completion Operations |
| 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. | | | |
| 40/04/4 1 40/04/4 1 170 T | | | |
| 10/21/14 to 10/25/14 MIRU. Test annulus to 1400#. Test 5 ½" csg to 8500# for 30 mins. Good test. Perforate 15321-15332' (60). Perform injection test. | | | |
| | | | |
| 11/8/14 to 11/23/14 Ran CBL. TOC @ 2330'. Set CBP @ 15220'. Test csg to 8500#. Test good. Perforate Bone Spring 11201-15170' (396). Acdz w/64265 gal 7 ½%; frac w/3300375# sand & 2795698 gal fluid. | | | |
| • | | | |
| 12/3/14 Drilled out frac plugs. Cleaned down to CBP @ 15220'. | | | |
| 12/4/14 to 12/6/14 Set 2 7/8" 6.5# L-80 tbg @ 10595' & pkr @ 10585'. Installed gas-lift system. | | | |
| 12/7/14 Began flowing back & testing. | | | |
| | | | |
| Spud Date: 9/27/ | Rig Relea | sa Data: | 100000 |
| Spud Date: 9/27/ | Kig Kelea | isc Date. | 10/19/14 |
| • | | <u> </u> | |
| | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| CYCNATION DATE: 12/17/14 | | | |
| SIGNATURE TITLE: Regulatory Analyst DATE: | | | |
| Type or print name: Stormi D | avis E-mail a | ddress: <u>sdavis@concl</u> | |
| For State Use Only | | | |
| Petroleum Engineer 4 / 9/14 | | | |
| APPROVED BY: | TITLE_ | | DATE VO//// |
| Conditions of Approval (if any): | / | | · 4 |