Submit 1 Copy To Appropriate District Office	State of New Me	exico	Form C-103	
District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II – (575) 748-1283	OIL CONSERVATION DIVISION			25-42519
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE S FEE	
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas I	Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	Init 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.)			Banter State Com	
1. Type of Well: Oil Well	Gas Well Other HOBBS OCD		8. Well Number	4H
2. Name of Operator			9. OGRID Number	
COG Operating LLC		JUN 2 2 2015		29137
3. Address of Operator	JUN & & CUIJ		10. Pool name or Wildcat	
2208 W. Main Street, Artesia, NM 88210			Antelope Ridge; Bone Spring, North	
4. Well Location RECEIVED				
Unit Letter D	:190 feet from theNo		660 feet from the	West line
Section 13		Range 34E	NMPM	Lea County
	11. Elevation (Show whether DR			County
3359' GR				
EL CONTROL PROGRAMMENT CON				
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			_	LTERING CASING 🔲
_			LLING OPNS. 🗌 🏻 P	AND A
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE				
OTHER:		OTHER:	Drilling	\boxtimes
	pleted operations. (Clearly state all			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
4/30/15 Spud 34" hole & drill to 10'. Set 10' of 30" pipe w/locking lid. 5/19/15 Drilled 5'. TD = 15'.				
6/5/15 Drilled 5'. TD = 20'.				
6/3/13 Diffied 3 . 1D – 20 .				
				•
1/20/1	-			٦
Spud Date: 4/30/1	Rig Release D	ate:		
L				
			=	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
ρ_{\bullet}				
SIGNATURE TITLE: Regulatory Analyst DATE: 6/18/15				
Type or print name: Stormi Da		ss: <u>sdavis@conche</u>	· ·	ONE: (575) 748-6946
•		ss. <u>suavis(w.concilc</u>	.com FAC	JNE. (3/3) /40-0940
For State Use Onlaccepted	C Governord Care A			
APPROVED BY: Accepted	for Record Only		DATI	c
Conditions of Approval (if any):	IIILE		DAII	<u> </u>

