

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-38442
5. Indicate Type of Lease Federal STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMNM0555568
7. Lease Name or Unit Agreement Name Curly Federal
8. Well Number 2
9. OGRID Number 229137
10. Pool name or Wildcat SWD; Bone Spring

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐ **SWD** **HOBBS OCD**

2. Name of Operator **COG Operating, LLC** **JUL 07 2015**

3. Address of Operator **One Concho Center**
600 W. Illinois Ave.
Midland, TX 79701 **RECEIVED**

4. Well Location
Unit Letter **I** : **1650** feet from the **South** line and **330** feet from the **East** line
Section **34** Township **17S** Range **32E** NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3344'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Annual MIT ☒


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.

6/12/15 Performed annual MIT. Tested to 620 psi for 30mins. Good test.
Chart attached.

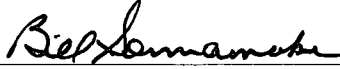
Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE **Lead Regulatory Analyst** DATE **7/01/15**

Type or print name **Kanicia Castillo** E-mail address: **kcastillo@concho.com** PHONE: **432-685-4332**
For State Use Only

APPROVED BY:  TITLE **Staff Manager** DATE **7/10/2015**
Conditions of Approval (if any):

JUL 14 2015 