

Suomit 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  
 August 1, 2011

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-41107</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>COG Operating LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>2208 W. Main St. Artesia, NM 88210</b>		7. Lease Name or Unit Agreement Name <b>Warbler State</b>
4. Well Location Unit Letter <b>D</b> : <b>330</b> feet from the <b>N</b> line and <b>190</b> feet from the <b>W</b> line Section <b>28</b> Township <b>21S</b> Range <b>33E</b> NMPM County <b>Lea</b>		8. Well Number <b>1H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3704, GR</b>		9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>WC-025 G-06 S213323D; Bone Springs</b>		

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT RE</b>		<b>INT TO PA</b> <u>pm</u> <b>P&amp;A NR</b> _____ <b>P&amp;A R</b> _____
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>		
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>		
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>		
DOWNHOLE COMMINGLE <input type="checkbox"/>				
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>		

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.

- Drilled 26" hole, TD + 95'.**
- Spot 110 sx cement @ 95' to surface.
  - Install Dry Hole Marker.

Lat 32.4561844  
 Long -103.585434

**NOTIFY OCD 24 HOURS PRIOR TO BEGINNING PLUGGING OPERATIONS**

**HOBBS OCD**

**AUG 09 2016**

**RECEIVED**

Spud Date:

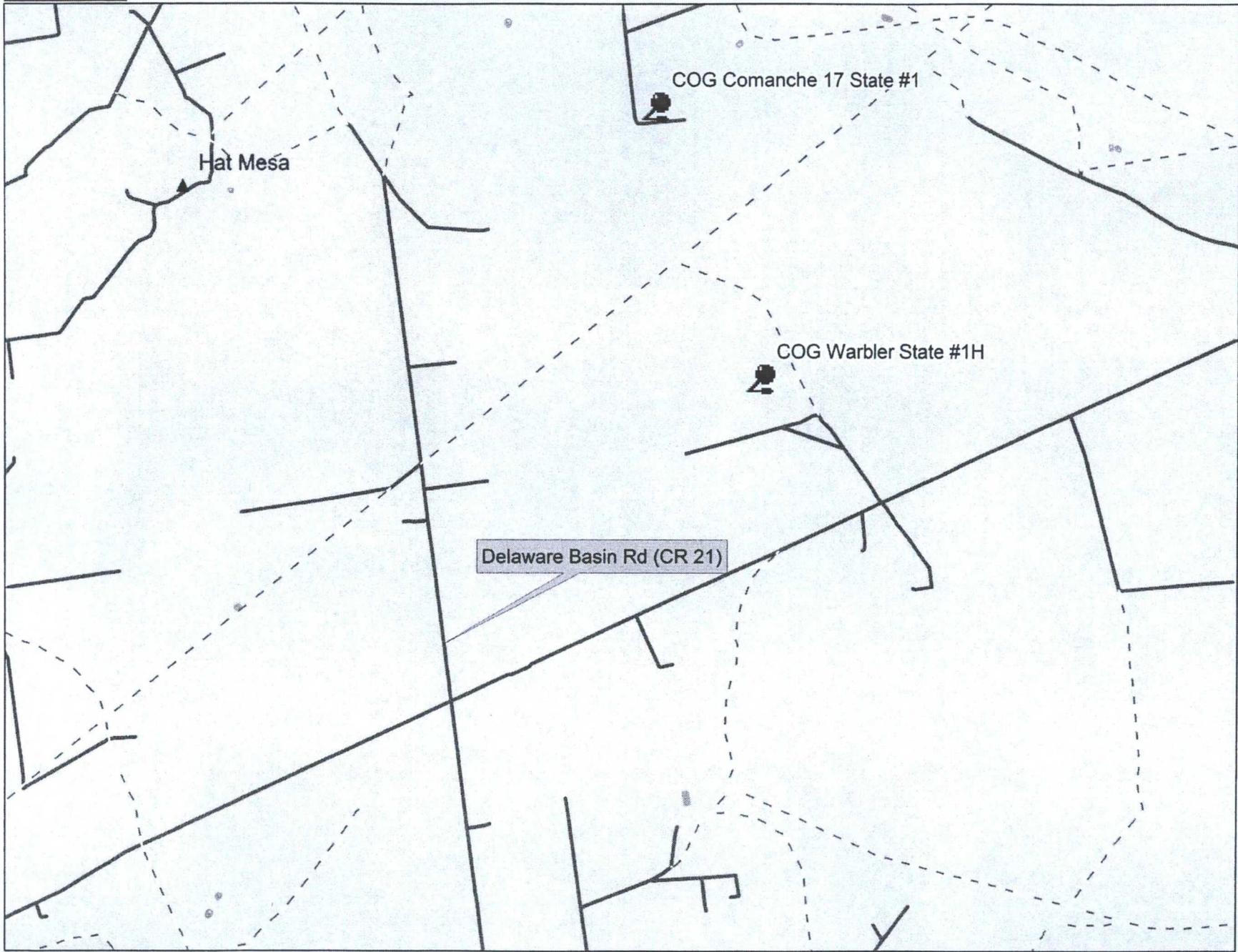
Rig Release Date:

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

SIGNATURE B. Montgomery TITLE Agent DATE 7-21-16

Type or print name B. Montgomery E-mail address: bcm@bcm-and-associates.com PHONE: 432-586-7461  
**For State Use Only**

APPROVED BY: Mah Whitcher TITLE Petroleum Engr. Specialist DATE 8/9/2016  
 Conditions of Approval (if any):



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