

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
 October 13, 2009

HOBBS OCD
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
 MAY 15 2017

WELL API NO. 30-025-37790
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Century State
8. Well Number 1
9. OGRID Number 229137
10. Pool name, or Wildcat Leamex Paddock, North
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4180' GR

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

2. Name of Operator
COG Operating, LLC

3. Address of Operator
600 W. Illinois, Midland, TX 79701

4. Well Location
 Unit Letter **G** : **2310** feet from the **N** line and **2310** feet from the **E** line
 Section **3** Township **17S** Range **33E** NMPM County **Lea**

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

<p>NOTICE OF INTENTION TO</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: _____</p>	<p>INT TO PA</p> <p>P&A NR <u>D-C-X</u></p> <p>P&A R _____</p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>P AND A <input checked="" type="checkbox"/></p>
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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.

04/26/17 MIRU Plugging equipment. ND well head, NU BOP. 04/27/17 POH w/ tubing. Set 5 1/2" CIBP @ 6000'. Pump'd 20 bbls H2O. Spotted 65 sx class C cmt @ 6000-5343'. WOC. Tagged plug @ 5395'. Circulated hole w/ 125 bbls MLF. Pressure tested csg, held 500 psi. Spotted 45 sx class C cmt @ 4570-4014'. 04/28/17 RIH w/ 116 jts 2 7/8 tbg. Dropped tbg in hole, could not latch on to top of fish. RIH w/ wireline & tagged plug @ 4020'. 05/01/17 Cut tbg @ 3859'. POH w/ tbg. Spotted 25 sx class C cmt @ 3859-3606'(Per Mark Whitaker w/ OCD's request). Spotted 30 sx class C cmt @ 2967-2664'. WOC. Tagged plug @ 2650'. 05/02/17 Cut 5 1/2" csg @ 1567'. POH w/ 35 jts 5 1/2 csg. Spotted 30 sx class C cmt @ 1620-1478'. WOC. 05/03/17 Tagged plug @ 1475'. Spotted 40 sx class C cmt @ 400-252'. WOC. Tagged plug @ 247'. Spotted 20 sx class C cmt @ 63' & circulated to surface. Riggd down and moved off. 05/05/17 Moved in backhoe and welder. Dug out cellar. Cut off well head. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Cut off deadmen. Cleaned location, moved off.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.
 Restoration Due By 05/02/2018

Spud Date: Rig Release Date: _____

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

SIGNATURE [Signature] TITLE Lead Regulatory Analyst DATE 5/10/17
 Type or print name Kanicia Castillo E-mail address: KCastillo@concha.com PHONE: 432-685-4332
For State Use Only
 APPROVED BY: [Signature] TITLE P.E.S. DATE 05/15/2017
 Conditions of Approval (if any): _____