

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

HOBBS OCD
 HOBBS OCD
 JUL 26 2017
 RECEIVED

WELL API NO. 30-025-22597
 5. Indicate Type of Lease Federal
 STATE FEE
 6. State Oil & Gas Lease No.
 7. Lease Name or Unit Agreement Name
 Bate Federal
 8. Well Number
 3
 9. OGRID Number
 229137
 10. Pool name or Wildcat
 SWD; Yates
 11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3604

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
 2. Name of Operator
 COG Operating, LLC
 3. Address of Operator
 One Concho Center
 600 W. Illinois Ave.
 Midland, TX 79701
 4. Well Location
 Unit Letter C : 330 feet from the North line and 1980 feet from the West line
 Section 35 Township 19S Range 33E NMPM Lea County
 11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3604

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <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: MIT <input checked="" 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.

7/20/17 Annual MIT. Tested to 620psi, ended w/600 psi for 32mins. Good test.

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 K C TITLE Lead Regulatory Analyst DATE 7/27/17

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

APPROVED BY: Kerry Fother TITLE Compliance Officer DATE 7-28-17
 Conditions of Approval (if any):

HOBBS OCD
 JUL 28 2017
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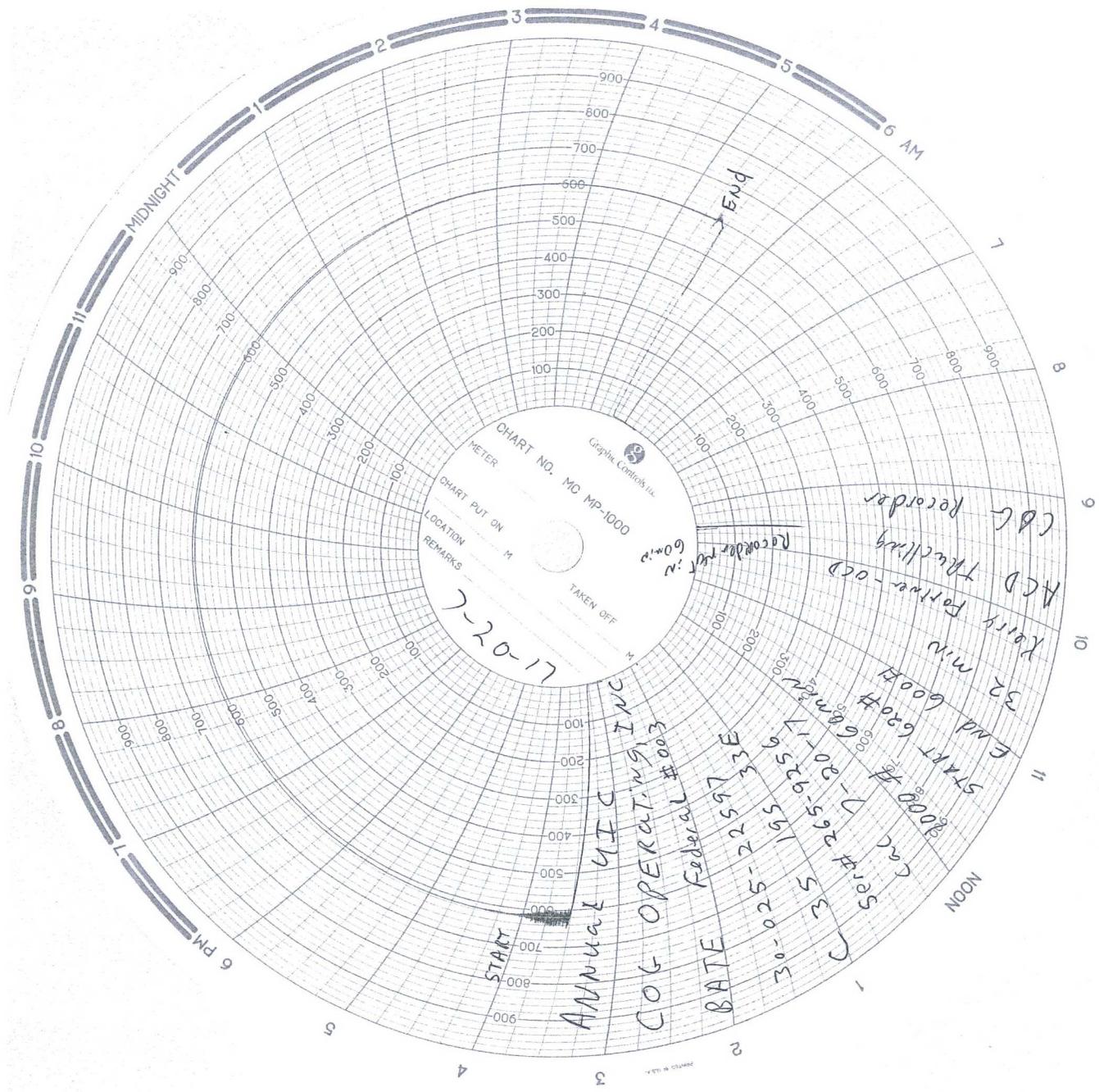


CHART NO. MC MP-1000
 METER
 CHART PUT ON M
 LOCATION
 REMARKS
 TAKEN OFF M
 7-20-7

Annual MIC
 COG OPERAT. #003
 BATE Federal #003

START 7-20-7
 NOON
 SEAS 26-5-9259
 C-35
 Cand V-20-6000

START 600# 6000#
 End 600# 6000#
 32 min
 Kerry Farmer - OGD
 ACD Trucking
 CAG Recorder

END