

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 July 18, 2013

HOBBS OCD
SEP 18 2017
RECEIVED

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

WELL API NO. 30-025-00576
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 Edward State
8. Well Number 2
9. OGRID Number 229137
10. Pool name or Wildcat Maljamar; GB/SA

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 Ave, Midland, TX 79701

4. Well Location
 Unit Letter **K** : **1720** feet from the **S** line and **2240** feet from the **W** line
 Section **16** Township **17S** Range **32E** NMPM County **Eddy**

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

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 checked="" 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"/>			
CLOSED-LOOP SYSTEM <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.

08/31/17 MIRU Plugging Equipment. Dug out cellar, ND well head, NU BOP. Set 5 1/2" CIBP @ 3670'. Circulated hole w/ MLF. Pressure tested csg, held 500 PSI. Spotted 25 sx class C cmt @ 3670-3394'. 09/01/17 Perf'd csg @ 2330'. Pressured up on perfs. Spotted 25 sx class C cmt w/ 2% CACL @ 2380 & displaced to 2140'. WOC. Tagged plug @ 1955'. Perf'd csg @ 850'. Pressured up on perfs. Spotted 25 sx class C cmt @ 900-659'. WOC. 09/05/17 Tagged plug @ 740'. Perf'd csg @ 290'. Sqz'd 150 sx class C cmt @ 290' & circulated to surface. Rigged down and moved off. 09/12/17 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Underground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location and 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 09-04-2018

Spud Date:

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

SIGNATURE [Signature] TITLE Lead Regulatory Analyst DATE 9/14/17
 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 09/18/2017
 Conditions of Approval (if any):