

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

Form C-103  
 Revised July 18, 2013

**HOBBS OGD**  
**APR 27 2018**  
**RECEIVED**

<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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-43489
2. Name of Operator COG Operating LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>B</u> : <u>210</u> feet from the <u>North</u> line and <u>1340</u> feet from the <u>East</u> line Section <u>34</u> Township <u>25S</u> Range <u>33E</u> NMPM Lea County		7. Lease Name or Unit Agreement Name Columbus Fee
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3326' GR		8. Well Number 23H
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 229137
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		10. Pool name or Wildcat Bobcat Draw; Upper Wolfcamp

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Completion Operations <input checked="" type="checkbox"/>
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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.

9/5/17 to 2/9/18 Ran CBL. TOC @ 190'. Test annulus to 1500# for 15 mins. Set CBP @ 22162'. Test to 7500#. Test csg to 11390#. Good test. Perf 12632-22142' (2816). Acdz w/198,240 gal 7 1/2% acid. Frac w/19,266,901# sand & 19,768,854 gal fluid.  
 2/21/18 to 2/26/18 Drilled out frac plugs. Clean down to CBP @ 22162'.  
 3/2/18 to 3/9/18 Set 2 7/8" 6.5# L-80 tbg @ 11924' & pkr @ 11906'. Installed gas-lift system. SI for battery construction.  
 4/9/18 Began flowing back & testing.

Spud Date: 3/5/17 Rig Release Date: 7/2/17

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

SIGNATURE *Stormi Davis* TITLE: Regulatory Analyst DATE: 4/26/18  
 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946

**For State Use Only**

APPROVED BY: *Karen Sharp* TITLE Staff Mgr. DATE 5-11-18  
 Conditions of Approval (if any):