

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
HOBBS OCD

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-40944
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 Corazon 4 State SWD
8. Well Number 1
9. OGRID Number 229137
10. Pool name or Wildcat SWD; Cherry Canyon-Brushy Canyon

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
600 W. Illinois Ave, Midland, TX 79701

4. Well Location
 Unit Letter **SB** : **3800** feet from the **N** line and **2500** feet from the **E** line
 Section **4** Township **21S** Range **33E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3805' GR

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 checked="" type="checkbox"/>	PAIDA <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.

09/06/18 MIRU Plugging Equipment. Dug out cellar. ND tree, NU BOP. Tagged 5 1/2" CIBP @ 5660'. 09/07/18 Circulated hole w/ MLF. Pressure tested csg, held 500 psi. Spotted 80 sx class C cmt w/ 2% CACL @ 5660-5168'. (Combined plugs approved by Mark Whitaker w/ NM OCD.) WOC. Tagged plug @ 5184'. Spotted 150 sx class C cmt @ 3910-2989'. WOC. (R-111-P zone). 09/10/18 Tagged plug @ 3173'. Spotted 220 sx class C cmt w/ 2% CACL @ 3173-1821'. WOC. Tagged plug @ 1900'. Perf'd csg @ 1855'. Pressured up on perms to 500 psi. Spotted 50 sx class C cmt @ 1900-1600'. WOC. Tagged plug @ 1690'. ND BOP. Spotted 25 sx class C cmt @ 100' & circulated to surface. Rigged down & moved off. 09/14/18 Moved in backhoe and welder. Dug out cellar. Cut off well head. Verified cement to surface. 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 09-11-2019

Spud Date:

04/01/13

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

SIGNATURE Amanda Avery TITLE Regulatory Tech DATE 9/20/18

Type or print name Amanda Avery E-mail address: aavery@concho.com PHONE: 575-748-6962

For State Use Only
 APPROVED BY: Mark Whitaker TITLE P.E.S. DATE 09/27/18
 Conditions of Approval (if any):