

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
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
JUL 19 2019

Form C-103
 Revised July 18, 2013

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-45051
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>D</u> : <u>50</u> feet from the <u>North</u> line and <u>610</u> feet from the <u>West</u> line Section <u>28</u> Township <u>24S</u> Range <u>35E</u> NMPM Lea County		7. Lease Name or Unit Agreement Name Coonskin Fee
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3307' GR		8. Well Number 603H
9. OGRID Number 229137		10. Pool name or Wildcat WC-025 G-09 S243532M; Wolfbone

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

NOTICE OF INTENTION TO: 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"/>		SUBSEQUENT REPORT OF: 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.

- 1/31/19 Test annulus to 1500# for 30 mins. Good test. Set CBP @ 19625'. Test csg to 11170#. Good test.
- 2/25/19 to 3/22/19 Perf 12414-19610' (1200). Acdz w/121,758 gal 7 1/2% acid. Frac w/14,400,720# sand & 14,730,576 gal fluid.
- 3/27/19 to 3/28/19 Drilled out frac plugs. Clean down to CBP @ 19625'.
- 3/29/19 Set 2 7/8" 6.5# L-80 tbg @ 11,084' & pkr @ 11,074'.
- 6/4/19 Begun flowing back & testing. Date of first production.

Spud Date: 10/14/18 Rig Release Date: 11/17/18

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

SIGNATURE Amanda Avery TITLE: Regulatory Analyst DATE: 7/16/19
 Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

For State Use Only
 APPROVED BY Karen Sharp TITLE Staff Mgr DATE 7-22-19
 Conditions of Approval (if any):