

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

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

**HOBBS OCD**

SEP 11 2019

RECEIVED

WELL API NO. <b>30-025-28680</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>V-0731</b>
7. Lease Name or Unit Agreement Name <b>New Mexico "EF" State</b>
8. Well Number <b>#1</b>
9. OGRID Number <b>229137</b>
10. Pool name or Wildcat <b>Cruz Delaware</b>

**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  
**2208 W. Main Street Artesia, NM 88210**

4. Well Location  
 Unit Letter **L**: **2310** feet from the **South** line and **330** feet from the **West** line  
 Section **17** Township **23S** Range **33E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3709' GR**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>	

*J.P.M.*  
*PNR*

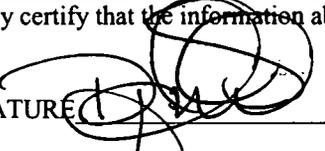
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/21/19 MIRU Plugging equipment. POH w/ rods & pump. Dug out cellar. 08/22/19 Removed well head, installed 10 3/4" screw on adapter & spoil. NU BOP. POH w/ 166 jts of tbg & tbg anchor. Set 5 1/2" CIBP @ 5050'. Circulated hole w/ MLF. Pressure tested csg, held 600 PSI. Spotted 25 sx class C cmt @ 5092-4840'. Spotted 25 sx class C cmt w/ 2% CACL @ 2000-1748'. WOC. Perf'd csg @ 696'. Spotted 75 sx class C cmt @ 750' & circulated to surface. 08/26/19 Rigged down & moved off. Moved in backhoe and welder, dug out cellar, cut off well head, and Kerry Fortner w/ NM OCD verified cement to surface. Welded on "Above Ground Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

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:  TITLE: Regulatory Technician

DATE: 9/9/2019

Type or print name: Delilah Flores

E-mail address: [dflores2@concho.com](mailto:dflores2@concho.com)

PHONE: 575-748-6946

For State Use Only

APPROVED BY: *Kerry Fortner* TITLE *C. O. A*

DATE *9-25-19*

Conditions of Approval (if any):