

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 OGD**  
**JAN 21 2020**  
**RECEIVED**

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

WELL API NO. <u>30-015-45207</u>
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 Huckleberry State Com
8. Well Number 505H
9. OGRID Number 229137
10. Pool name or Wildcat WC-025 G-08 S213304D; BONE SPRING

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 D : 145 feet from the North line and 1200 feet from the West line  
 Section 27 Township 21S Range 33E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3716' 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 type="checkbox"/>	P AND A <input 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: Completion Operations <input checked="" 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.

8/16/19 Test 9 5/8" x 5 1/2" annulus to 1500# for 30 mins. Good test. Set Composite Bridge Plug @ 21,028'. Test to 8512#. Test Good.  
 10/21/19 to 11/7/19 Perf 11,038 - 21,003' (1400). Acdz w/ 2016 gal 7-1/2%; frac w/ 19,978,080# sand & 19,935,720 gal fluid.  
 11/9/19 to 11/11/19 Drill out CFP's. Clean down to PBTD @ 21,028'.  
 12/3/19 to 12/4/19 Set 2 7/8" 6.5# L-80 tbg @ 9,935' and pkr @ 9,925'.  
 12/15/19 Began flowback & testing. Date of first production.

Spud Date: 2/11/19 Rig Release Date: 3/24/19

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: 1/16/2020  
 Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY: P. Mars TITLE L.M. DATE 1/29/2020  
 Conditions of Approval (if any):