Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		30-015-10220
1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV 1220 S St Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No. Federal Lease #NMLC 029020G
SUNDRY NOT	ICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPL	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Dexter Federal
PROPOSALS)  1. Type of Well: Oil Well	Gas Well  Other	8. Well Number
1. Type of Well. On Well	das well [] Other	2
2. Name of Operator	porating LLC	9. OGRID Number 229137
3. Address of Operator	perating LLC	10. Pool name or Wildcat
	ve., Suite 100 Midland, TX 79701	Loco Hills; Glorieta Yeso
4. Well Location		
Unit Letter K: 2310 feet from the South line and 2310 feet from the West line		
Section 22	Township 17S Range 30E NM	
	11. Elevation (Show whether DR, RKB, RT, GR, 3550' GR	etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF II	NTENTION TO: S	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	_ ;	
TEMPORARILY ABANDON  PULL OR ALTER CASING		DRILLING OPNS.☐ PAND A ☐  IENT.JOB ☐
DOWNHOLE COMMINGLE	_   1	ICINI JOB
OTUED		_
OTHER:  13. Describe proposed or com	DILETED OTHER:	Pool Change
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 1103. For Multiple Completions. Attach wellbore diagram of proposed completion		
or recompletion.		
COG Operating LLC respectfully request to have this well's pool changed from the Loco Hills (96718) to		
the Mar Loco; Glorieta-Yeso (97866).		
		RECEIVED
		MAR <b>13</b> 2012
		NMOCD ARTESIA
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 Have Connally TITLE Permitting Tech DATE 03/13/2012		
Type or print name Kacie Connally E-mail address: kconnally@concho.com PHONE: 432-221-0336  For State Use Only		
APPROVED BY: 1 MANNA TITLE GODINIST DATE 3/14/2012		
Conditions of Approval (if any):	7	