

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB No. 1004-0137  
Expires: October 31, 2014**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**5. Lease Serial No.  
NMNM057239

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE – Other instructions on page 2.**

## 1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
COG Operating LLC3a. Address  
2208 W Main Street  
Artesia, NM 882103b. Phone No. (include area code)  
575-748-6940

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.  
Lizard Pot Federal Com #2H9. API Well No.  
30-015-381464. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
SHL: 660' FSL & 1980' FWL, Section 36 T19S R31E, N.M.P.M.  
BHL: 337' FSL & 2002' FWL, Section 1 T20S R31E, N.M.P.M.10. Field and Pool or Exploratory Area  
WC Williams Sink; Bone Spring11. County or Parish, State  
Eddy County, New Mexico

## 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

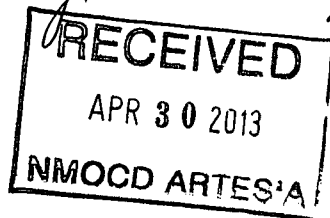
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Amend dedicated
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	acreage and change
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	name

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Due to the change in dedicated acreage for this well, as shown on the amended C-102, COG Operating LLC respectfully requests that this well name be changed as follows:

Old name: Lizard Pot Federal Com #2H

New name: Lizard Pot Federal #2H

*Property code 39867 off 4-1-13*SUBJECT TO LIKE  
APPROVAL BY STATE*RRDade 4/30/2013*  
Accepted for record  
NMOC D

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Melanie J. Parker

Title Regulatory Analyst

Signature

Date 03/22/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

APPROVED

APR 25 2013

/s/ Chris Walls

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

(Instructions on page 2)

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☒ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number <b>30-015-38146</b>		<sup>2</sup> Pool Code <b>97650</b>	<sup>3</sup> Pool Name <b>WC Williams Sink; Bone Spring</b>
<sup>4</sup> Property Code <del>38894</del> <b>39867</b>	<sup>5</sup> Property Name <b>Lizard Pot Federal</b>		<sup>6</sup> Well Number <b>2H</b>
<sup>7</sup> OGRID No. <b>229137</b>	<sup>8</sup> Operator Name <b>COG Operating LLC</b>		<sup>9</sup> Elevation <b>3481'</b>

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>N</b>	<b>36</b>	<b>19S</b>	<b>31E</b>		<b>660</b>	<b>South</b>	<b>1980</b>	<b>West</b>	<b>Eddy</b>

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>N</b>	<b>1</b>	<b>20S</b>	<b>31E</b>		<b>337</b>	<b>South</b>	<b>2002</b>	<b>West</b>	<b>Eddy</b>

<sup>12</sup> Dedicated Acres <b>159.21</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>16</sup>				<sup>17</sup> <b>OPERATOR CERTIFICATION</b>	
				<p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p>	
				<p><i>Stormi Davis</i>      3/22/13 Signature      Date</p>	
				<p><b>Stormi Davis</b>      <b>Regulatory Analyst</b> Printed Name</p> <p><b>sdavis@concho.com</b> E-mail Address</p>	
<p><sup>18</sup> <b>SURVEYOR CERTIFICATION</b></p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p>				<p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>	
<p><b>REFER TO ORIGINAL PLAT</b></p>				<p>Certificate Number</p>	