Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District 1	Energy, Minerals and Natural Resources		October 13, 2009
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-41931 5. Indicate Type of Lease
District III	1220 South St. Francis Dr.		STATE STEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name	
(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.)		SRO State Unit 8. Well Number	
1. Type of Well: Oil Well Gas Well Other		59H	
2. Name of Operator		9. OGRID Number	
COG Operating LLC		229137	
3. Address of Operator		10. Pool name or Wildcat	
2200 W. Main Street, Artesia, INM 88210		Red Bluff; Bone Spring, South	
4. Well Location			
Unit Letter M: 210 feet from the South line and 940 feet from the West line			
Section 2 Township 26S Range 28E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
2965'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		_	
. 1 _		ILLING OPNS. P AND A	
PULL OR ALTER CASING			
OTHER:		OTHER:	
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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.			
COG Operating LLC respectfully requests approval for the following change to the original APD. RECEIVED			
• We will drill 8-3/4" hole out from intermediate to TD.			
• We will not drill the pilot hole. So we can drop the pilot plan and plug back procedure. • MMOCD ARTESIA			
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Spud Date:	Rig Release Da	ite:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
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SIGNATURE DATE: 3/25/14 DATE: 3/25/14			
Type or print name: Marte Rever E-mail address: mreyes 1@conchoresources.com PHONE: (575) 748-6945			
For State Use Only			
APPROVED BY: 1 C CYMINS TITLE (FOLGOS) DATE 3-40-2014			
Conditions of Approval (if any):			