Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1	Energy, Minerals and Natural Resource	es October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District.ll		WELL API NO. 30-015-42440
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 STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES 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		Cookie Tosser State Com
PROPOSALS.)	CATION FOR FERMIT (FORM C-101) FOR SUCH	8. Well Number
1. Type of Well: Oil Well	Gas Well Other	2Н
2. Name of Operator		9. OGRID Number
COG Operating LLC 3. Address of Operator		229137
2208 W. Main Street, Artesia,	NM 88210	10. Pool name or Wildcat Loco Hills; Bone Spring, East
4. Well Location		Local This, Boile Spring, Lust
Unit Letter A:	300 feet from the North line and	1180 feet from the <u>East</u> line
Section 16	Township 18S Range	30E NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, G.	
3476.0'		
NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DOWNHOLE COMMINGLE  OTHER:   13. Describe proposed or completed starting any proposed work). S  completion or recompletion.  COG Operating LLC respectfully re	PLUG AND ABANDON REMEDIAL CHANGE PLANS COMMENC MULTIPLE COMPL CASING/CE  OTHER:  I operations. (Clearly state all pertinent details, a EE RULE 19.15.7.14 NMAC. For Multiple Corr  quests approval for the drilling change to the original contents.	SUBSEQUENT REPORT OF:  WORK
• We will drill 8-3/4" production hole to a total TD of 12,750' MD.  RECEIVED		
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Spud Date:	Rig Release Date:	
<b>*****</b>		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby sorting and the fine matter and complete to the best of the knowledge and benefit		
SIGNATURE TITLE: Regulatory Analyst DATE: 8/11/2015		
Type or print name: Mayte Reyes E-mail address: mreyes (@conchoresources.com PHONE: (575) 748-6945		
For State Use Only PODOCLA DE O		
APPROVED BY: TITLE ST H. XPEWISO DATE 8/12/2015		
Conditions of Approval (if any):		· · · · · · · · · · · · · · · · · · ·