Submit I Copy To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009		
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	WELL API NO. 30-015-44000 5. Indicate Type of Lease STATE FEE S 6. State Oil & Gas Lease No.		
SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC	7. Lease Name or Unit Agreement Name Myox 21 State Com			
PROPOSALS.) 1. Type of Well: Oil Well	8. Well Number 31H			
2. Name of Operator COG Operating LLC	Gas Well Other OIL CONSERVATION	9. OGRID Number 229137		
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		10. Pool name or Wildcat Purple Sage; Wolfcamp		
4. Well Location Unit LetterM:	RECEIVED <u>190</u> feet from the <u>South</u> line and <u>760</u>			
Section 21	Township25SRange28E11. Elevation (Show whether DR, RKB, RT, GR, etc., 2990.6'	NMPM Eddy County		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				

NOTICE OF INTENTION TO:	SUBSEQ	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK D PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON 🔲 CHANGE PLANS 🛛 🛛		OPNS. PANDA		
PULL OR ALTER CASING 🔲 MULTIPLE COMPL [
	- 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100 - 100-100-			
OTHER: 🛛 Pool Change	OTHER:			

 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 changes to the original approved APD..

 Pool
 From :
 WC-05 G-06 S26280500; UPR Wolfcamp
 98195

 To:
 Purple Sage; Wolfcamp
 98220

C102 attached. Drilling changes attached.

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Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and c	omplete to the best of my knowledge and belief.	
SIGNATURE Made Re	TITLE: <u>Regulatory Analyst</u> I	DATE: <u>_7/14/2017</u>
Type or print name:Mayle Reves	E-mail address: mreyes1@conchoresources.com	PHONE: (575) 748-6945
For State Use Only		
APPROVED BY: Support of Sulary Conditions of Approval (if any):	TITLE Grealogist D	DATE 7-17-17
Conditions of Approval (If any):		