## HOBBS OCD

Submit 1 Copy To Appropriate District Office	6 2012 State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	ces October 13, 2009
1625 N. French Dr , Hobbs, NM 88240 District II		WELL API NO. 30-025-39883
1301 W. Grand Ave., Artesia, NM 88210	CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 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		
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS T DIFFERENT RESERVOIR USE "APPLICATION	O DRILL OR TO DEEPEN OR PLUG BACK TO	A Macho Nacho State
PROPOSALS.)  1. Type of Well: Oil Well  Gas V	Vell 🔲 Other	8. Well Number
2. Name of Operator	Vell   Other >	9. OGRID Number
COG Operating LLC		229137
3. Address of Operator 2208 W. Main Street, Artesia, NM 8	3210	10. Pool name or Wildcat Triple X; Bone Spring, West
4. Well Location	_ ,	
Unit Letter <u>E</u> : <u>2</u>	260 feet from the <u>North</u> line an	nd 330 feet from the East line
Section 7 Township 24S Range 33E NMPM Lea County		
	Elevation (Show whether DR, RKB, RT, C 3607	JR, etc.)
12. Check Appropriate Box to Indic	ota Natura of Nation Panort or Ot	har Data
	· · · · · · · · · · · · · · · · · · ·	iici Data
NOTICE OF INTEN	· · · · · -	SUBSEQUENT REPORT OF:
<del></del>	G AND ABANDON REMEDIA	
	I	CE DRILLING OPNS. P AND A
DOWNHOLE COMMINGLE	TIPLE COMPL ( CASING/C	EMENT JOB
OTHER: Change of Operator	OTHER:	
-		
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.		
·		OPER OGRID NO. 229 137
COG Production LLC will like to request a change of operator for the above referenced well PROPERTY NO. 39018		
From: COG Production LLC		
		POOL CODE 96674
To: COG Operating LLC		EFF. DATE 02-22-2012
		APINO30-025-39883
Spud Date:	Rig Release Date:	
I hereby certify that the information above	is true and complete to the best of my kno	nwledge and helief
M + D		
SIGNATURE TITLE: Regulatory Analyst DATE: 9/25/2012		
U	<u> </u>	
Type or print name: Mayte Reyes E-mail address: mreyes 1@conchoresources.com PHONE: (575) 748-6945  For State Use Only		
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APPROVED BY DATE 1-10-10/2  Conditions of Approval-(if apr):		
Conditions of repprover (11 day).		·