

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 Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

QUESTIONS

Action 80134

QUESTIONS

| | |
|---|---|
| Operator: COG OPERATING LLC 600 W Illinois Ave Midland, TX 79701 | OGRID: 229137 |
| | Action Number: 80134 |
| | Action Type: [UF-FAC] TB Registration (TB-REG) |

QUESTIONS

| | |
|---|---------------------------------|
| Facility Details <i>Please answer all of the questions in this group.</i> | |
| Name of the facility | Stock Unit 15 State Com 1H - RB |
| Date the facility was opened | Not answered. |
| Depth to ground water, if known | Not answered. |

| | |
|--|----|
| Verification | |
| Does the operator have other facilities with a matching name | No |
| Are there other facilites located within approximately 50 feet | No |

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 Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

ACKNOWLEDGMENTS

Action 80134

ACKNOWLEDGMENTS

| | |
|---|---|
| Operator: COG OPERATING LLC 600 W Illinois Ave Midland, TX 79701 | OGRID: 229137 |
| | Action Number: 80134 |
| | Action Type: [UF-FAC] TB Registration (TB-REG) |

ACKNOWLEDGMENTS

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | I certify that I am authorized to register a facility on behalf of the responsible operator. |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD of any changes of ownership for this facility. |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD when this facility is closed. |