

OCD - HOBBS
08/08/2016
RECEIVED

Submit 1 Copy To Appropriate District Office
District I
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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Columbus Fee
2. Name of Operator COG Operating LLC	8. Well Number 2H
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	9. OGRID Number 229137
4. Well Location Unit Letter <u>B</u> : <u>210</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>34</u> Township <u>25S</u> Range <u>33E</u> NMPM Lea County	10. Pool name or Wildcat Red Hills; Upper Bone Spring Shale
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3327'	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
OTHER: ☒ Pool Change

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
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.

COG Operating LLC respectfully requests approval for the following changes to the above referenced APD.

Pool

From: WC-025 G-09 S253336D; Upper Wolfcamp [98094]

To: Red Hills; Upper Bone Spring Shale [97900]

C102 attached.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mayte Reyes

TITLE: Regulatory Analyst

DATE: 8/8/2016

Type or print name: Mayte Reyes

E-mail address: mreyes1@conchoresources.com

PHONE: (575) 748-6945

For State Use Only

APPROVED BY: [Signature]

TITLE Petroleum Engineer

DATE 08/08/2016

Conditions of Approval (if any):

KZ