State of New Mexico Obtained 1—6739 399-3461 Incis N. French Dr., Hebbs, NAGE 201 Desired 1—6739 399-3461 Incis N. French Dr., Hebbs, NAGE 201 Desired 1—6739 399-3461 Incis N. French Dr., Hebbs, NAGE 201 Desired 1—6739 34-348 389 200 Desired 1—6739 34-348 200 Desired 1—67	-c OCD		
MELL API NO. 30-025-41201	Submit 1 Copy To Appropriate Pistrict State of New Mexico	Form C-103	
Sample S	<u>District</u> - (373) 353-0101		
Santa Fe, NM 87505 Santa F	1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		
Santa Fe, NM 87505 Santa F	District III – (505) 334-6178 Distri		
120. St. Finneis Dr., Santa Fe, NM 27395	1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe NIM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS To Lease Name or Unit Agreement Name Goose State Com	1220 S. St. Francis Dr., Santa Fe, NM		
DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
2. Name of Operator COG Operating LLC 3. Address of Operator 2208 W. Main Street, Artesia, NM 88210 4. Well Location Unit Letter D: 190 feet from the North line and 330 feet from the West line Section 32 Township 20S Range 34E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3716' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DOWNHOLE COMMINGLE CLASSPILLON SYSTEM OTHER: Name Change DOWNHOLE COMMINGLE OTHER: Name Change Stimulated date of starting any proposed overly. 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 name change: From: Goose State #2H To: Goose State #2H To: Goose State Com #2H PROPERTY FD 7/15/16 Fermit ame: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575)748-6946. For State Use Only Petroleum Engineer DATE 7/11/16 Petroleum Engineer	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	,	
2. Name of Operator COG Operating LLC 2.29137 10. Pool name or Wildcat 229137 10. Pool name or Wildcat 229137 10. Pool name or Wildcat WC-025 G-08 \$213304D; Bone Spring 4. Well Location	1. Type of Well: Oil Well		
4. Well Location Unit Letter D: 190 feet from the North line and 330 feet from the West line Section 32 Township 20S Range 34E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3716' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A LTERY GASING MULTIPLE COMPL CASING/CEMENT JOB PAND A CASING/CEMENT JOB THER: 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 name change: From: Goose State #2H To: Goose State Com #2H		9. OGRID Number	
Well Location			
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:			
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NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: Name Change MULTIPLE TOMPL CASING/CEMENT JOB 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 name change: From: Goose State #2H To: Goose State Com #2H	3/10 GK		
To: Goose State Com #2H PROPERTY ID 3/65/14 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 TITLE: Regulatory Analyst Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946 For State Use Only APPROVED BY: DATE DATE	PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE: Regulatory Analyst Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946 For State Use Only APPROVED BY: DATE Petroleum Engineer DATE	To: Goose State Com #2H PROPERTY ID 316514		
SIGNATURE TITLE: Regulatory Analyst DATE: 7/11/16 Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946 For State Use Only APPROVED BY: TITLE Petroleum Engineer DATE			
Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946 For State Use Only APPROVED BY: Petroleum Engineer DATE DATE	I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
APPROVED BY: Petroleum Engineer DATE 07/19/16			
APPROVED BY: Petroleum Engineer DATE 07/19/16		o.com PHONE: (575) 748-6946	
APPROVED BY:		inan Anlaghi	
	APPROVED BY: TITLE	DATEDATE	