Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District] - (575) 393-6161	Energy, Minerals and Natural Resource	
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283		WELL API NO. 30-025-41938
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District 111 - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fa, NM 67410		STATE 🔀 FEE 🔲
District IV (505) 476-3460 1220 S: St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTIO	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)		Merlin State Com
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other		8. Well Number 2H
2. Name of Operator		9. OGRID Number
COG Operating LLC 3. Address of Operator		229137 10. Pool name or Wildcat
2208 W Main Street, Artesia, N	M 88210	WC-025 G-07 S213430M; Bone Spring
4. Well Location		
Unit Letter D : 4	40 feet from the North line and 66	0feet from theWestline
Section 32 Township 21S Range 34E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	3736' GR	
12. Check A	ppropriate Box to Indicate Nature of No	tice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
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 reco	mpletion.	F
COG Operating LLC propos	es to change the SHL of this well as	follows:
Current SHL: 190' FNL & 60	60' FWL	
		HOBBS OCD
New SHL: 440' FNL & 660' FWL		
A new C-102 is attached.		OCT 2 3 2014
		RECEIVED
		• • • •
I hereby certify that the information a	bove is true and complete to the best of my know	vledge and belief.
A a l	\square	
SIGNATURE // Manie	TITLE_Regulatory Anal	vstDATE <u>10/22/2014</u>
Type or print name <u>Melanie J. Parker</u> E-mail address: <u>mparker@concho.com</u> PHONE: <u>575-748-6952</u>		
For State Use Only	/ /	
APPROVED BY: Conditions of Approval (if thy):	TITLE Petroleum E	ngineer DATE / 0 / 23 / 1 4
		OCT 2 8 201

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