Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District  </u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-025-42527	
1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease STATE X FEE	
District IV 1220 S. St. Francis Dr., Santa Fe. NM 87505			6. State Oil & Gas Lease No.	
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.)			<ol> <li>Lease Name or Unit Agreement Name Corazon 4 State SWD</li> <li>Well Number</li> </ol>	
1. Type of Well: Oil Well 🔲 Gas Well 🛛 Other SWD 2. Name of Operator			2 9. OGRID Number	
COG Operating LLC			229137	
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		10. Pool name or Wildcat SWD; DEVONIAN		
4. Well Location				
Unit Letter <u>B</u> :	3500' feet from the No	rth line and	2500' feet from the line	
Section 4		lange 33E	NMPM Lea County	
	11. Elevation (Show whether DR, 3817			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
		•	SEQUENT REPORT OF:	
	-	OTHER:		
<ol> <li>Describe proposed or completed or starting any proposed work). SEE completion or recompletion.</li> </ol>	perations. (Clearly state all pertin RULE 19.15.7.14 NMAC. For N	ent details, and give Multiple Completion	pertinent dates, including estimated date of s: Attach wellbore diagram of proposed	
COG Operating LLC respectfully reque	sts approval for the following drilli	ng changes to the or	iginal approved APD.	
• Set 20" surf casing +/- 1875'.				
Drill out of the 9-5/8" casing w	ith 8-1/2" hole.			
Drill 8-1/2" hole size to top of I	Devonian, approx. 15,510'.			

• Drill out of 7" liner with 6" hole size.

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 Mater Key	TITLE: <u>Regulatory Analyst</u> DATE: <u>6/4/2015</u>			
Type or print name: <u>Mayte Reyes</u>	E-mail address: mreyes]@conchoresources.com PHONE: _(575) 748-6945			
For State Use Only	a stable			
APPROVED BY:	TITLE Petroleum Engineer DATE DATE			
Conditions of Approval (if thy):				

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