Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103
District !	Energy, Minerals and Natural Resources		WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OV CONGRESS MICH.		30-025-42505
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE ☑ FEE □
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
87505			
SUNDRY NOTICES 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			Eata Fajita State
PROPOSALS.)			8. Well Number
1. Type of Well: Oil Well Gas Well Other			IIH 2
2. Name of Operator COG Production LLC			9. OGRID Number 217955
3. Address of Operator			10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210			Triple X; Bone Spring, West
4. Well Location			
Unit Letter M: 174 feet from the South line and 225 feet from the West line			
Section 8		Range 33E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3576'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	
DOWNHOLE COMMINGLE			
OTHER	•	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.			
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COG Production LLC respectfully requests approval for the following changes to the original approved APD.			
Will drill 8-3/4" vertical, curve, and lateral to 14,168' and will cement to 4900' as originally designed.			
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Spud Date:	Rig Release Da	ite:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
My Att. Co.			
SIGNATURE TITLE: Regulatory Analyst DATE: 7/21/2015			
Type or print name: Mayte Re-	ne F-mail addrae	e mraves Moonah	oresources.com PHONE: (575) 748-6945
For State Use Only	E-man addres	s. meyesineconell	<u> </u>
APPROVED BY:	TITI F Petro	oleum Engineer	DATE /97/21/15
Conditions of Approval (if any):			

JUL 2 2 2015