Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II – (575) 748-1283 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210		30-025-43310
	2016 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Diazos Ra., 1200, 1414 04 410	Santa Fe, NM 87505	STATE S FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr. Santa Fe. NM.	Suita 1 c, 14141 07505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	IVED	
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Warbler State Com
PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FOR SUCH	
	Gas Well Other	8. Well Number
		4H -
2. Name of Operator	<i>F</i>	9. OGRID Number
COG Operating LLC		229137
3. Address of Operator		10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210		WC-025 G-08 S213304D; Bone Spring
4. Well Location		
Unit Letter P : :	120 feet from the South line and	530 feet from the East line
Section 16	Township 21S Range 33E	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3758' GR	
	opropriate Box to Indicate Nature of Notice	
of starting any proposed work proposed completion or recon	eted operations. (Clearly state all pertinent details, a k). SEE RULE 19.15.7.14 NMAC. For Multiple C mpletion.	
10/10/16 Drilled remaining frac plugs	s. Clean down to CBP @ 20938'.	
10/12/16 Set 2 7/8" 6.5# L-80 tbg @	10331' & pkr @ 10316'. ✓	
7/7/1/		0/11/16
Spud Date: 7/7/16	Rig Release Date:	8/11/16
		16691
I hereby certify that the information al	pove is true and complete to the best of my knowled	lge and belief.
I hereby certify that the information al	ove is true and complete to the best of my knowled	Ige and belief.
I hereby certify that the information all SIGNATURE	ove is true and complete to the best of my knowled	
SIGNATURE SIGNATURE	TITLE: Regulatory Analys	DATE:
SIGNATURE Type or print name: Stormi Davi	TITLE: Regulatory Analys	DATE:
SIGNATURE SIGNATURE	TITLE: Regulatory Analys	DATE:
SIGNATURE Type or print name: Stormi Davi	TITLE: Regulatory Analys	DATE: