Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District 1 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natur	ral Resources	October 13, 2009 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-45048
District III	1220 South St. Fran		5. Indicate Type of Lease STATE ☐ FEE ☒
1000 Rio Brazos Rd., Aztec, NM 87410 District IV			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTI	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		Coonskin Fee	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number	
2. Name of Operator		28H 9. OGRID Number	
COG Operating LLC			229137
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210			10. Pool name or Wildcat WC-025 G-09 S243532M; Wolfbone
4. Well Location			
Unit Letter D:	50 feet from the North	***************************************	feet from theWest line
Section 28		nge 35E	NMPM Lea County
3307.0'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL	COMMENCE DRI	
DOWNHOLE COMMINGLE		CASINGIOLINEIN	
OTHER:		OTHER: [2	BHL Township correction
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 changes to the original approved APD. BHL Township correction. From: Township 25S To: Township 24S C102 attached.			
BHL Township correction.	•		
·			HO 2018
From: Township 25S			NOV 142
To: Township 24S C102 attached.			
			FOR LOW
Spud Date:	Rig Release Da	ite:	. 1
<u> </u>			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
\mathcal{M} \mathcal{A} \mathcal{V}			
SIGNATURE TITLE: Regulatory Analyst DATE: 11/14/2018			
Type or print name: <u>Marte Reyes</u> E-mail address: <u>mreyes1@conchoresources.com</u> PHONE: <u>(575) 748-6945</u>			
For State Use Only	7		inget Die Willelie
APPROVED BY: Conditions of Approval (if any):	TITLE	Petroleum E	ngineer DATE ///6/18
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