

Submit 1 Copy To Appropriate District Office  
 District I – (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II – (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III – (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV – (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

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.)		WELL API NO. <b>30-025-50379</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>COG Production LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>600 West Illinois Ave. Midland, TX 79701</b>		7. Lease Name or Unit Agreement Name <b>Windward 30 Federal</b>
4. Well Location Unit Letter <b>A</b> : <b>685</b> feet from the <b>North</b> line and <b>1215</b> feet from the <b>East</b> line Section <b>30</b> Township <b>24S</b> Range <b>32E</b> NMPM County <b>Lea</b>		8. Well Number <b>701H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3550' GR</b>		9. OGRID Number <b>217955</b>
		10. Pool name or Wildcat <b>WC-025 G-08 S243217P; UPR WC</b>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <u>Correct Well Name</u> <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 Production LLC requests the well name and number for this well be corrected to Windward Federal 701H.

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 Stan Wagner TITLE Regulatory Advisor DATE 09/27/2022  
 Type or print name Stan Wagner E-mail address: \_\_\_\_\_ PHONE: 432-253-9685  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
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Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
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**Santa Fe, NM 87505**

CONDITIONS

Action 146928

**CONDITIONS**

Operator: COG PRODUCTION, LLC 600 W. Illinois Ave Midland, TX 79701	OGRID: 217955
	Action Number: 146928
	Action Type: [C-103] NOI Change of Plans (C-103A)

**CONDITIONS**

Created By	Condition	Condition Date
pkautz	None	9/29/2022