Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources District 1 – (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 30-015-40400 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE | FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 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 **CLUSTER STATE COM** DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number PROPOSALS.) 1. Type of Well: Oil Well 2H. Gas Well Other 9. OGRID Number 2. Name of Operator 229137 COG OPERATING, LLC 3. Address of Operator 2208 WEST MAIN STREET 10. Pool name or Wildcat ARTESIA, NM 88210 4. Well Location feet from the 380 feet from the 190 Unit Letter N line and 16 Township 26S 27E **NMPM** Range **EDDY** County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3285' GR 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 ALTERING CASING □ **CHANGE PLANS** \boxtimes TEMPORARILY ABANDON COMMENCE DRILLING OPNS.□ P AND A MULTIPLE COMPL PULL OR ALTER CASING CASING/CEMENT JOB DOWNHOLE COMMINGLE П 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. COG OPERATING, LLC, RESPECTFULLY REQUESTS TO CHANGE THE MD TD FROM: 11900' 12118' TO: RECEIVED NMOCD ARTESIA Rig Release Date: Spud Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE ALL TITLE Drilling Engineering Tech **DATE** Type or print name _ Debora L. Wilbourn E-mail address: dwilbourn@concho.com PHONE: 575-748-6958 For State Use Only APPROVED BY:

Conditions of Approval (if any):