Submit I Copy To Approxime OHUICONSERVATIONS tate of New Mexico	Form C-103
District 1 – (575) 393-6161 ARTESIA DISTREMETRY, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 2 4 2015	Revised August 1, 2011 WELL API NO.
District II – (575) 748-1283 JOL 2 4 2013 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-015-41930
District III – (505) 334-6178 1000 Bio Brazos Ed. Actor NM 87 RECEIVED 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE S FEE
$\frac{\text{District IV}}{(505)476-3460}$	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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	7. Lease Name or Unit Agreement Name SRO State
PROPOSALS.) 1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other	8. Well Number 58H
2. Name of Operator COG Operating LLC	9. OGRID Number 229137
3. Address of Operator	10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210	Red Bluff; Bone Spring, South
4. Well Location	225 Cost Cost day West Line
Unit Letter N : 210 feet from the South line and 1935 feet from the Ine Section 2 Township 26S Range 28E NMPM Eddy County	
Section 2 Fownsmp 205 Range 201 11. Elevation (Show whether DR, RKB, RT, GR, etc., 2964' 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	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	
PULL OR ALTER CASING	Т ЈОВ 🗌
OTHER: OTHER:	Name Change 🛛
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 the following name change:	
From: SRO State Com #58H	
To: SRO State #58H Property 40/28 eff 7-19-2014	
0	
5/0/14	5/00/14
Spud Date: 5/8/14 Rig Release Date:	5/28/14
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
for h -	
SIGNATURE TITLE: Regulatory Analyst	DATE: <u>7/21/15</u>
Type or print name: Stormi Davis E-mail address: sdavis@conche	p.com PHONE: (575) 748-6946
For State Use Only	
APPROVED BY:	DATE7-24-15