Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 October 13, 2009
<u>District I</u> 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II	OIL CONCEDUATION DIVISION		30-015-37774
1301 W Grand Ave , Artesia, NM 88210 District III	Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87410	O Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505		STATE STATE FEE
<u>District IV</u> 1220 S St Francis Dr, Santa Fe, NM	Saina PC, INIVI 6	7505	6. State Oil & Gas Lease No.
87505			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Hatfield State
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 11	
Type of Well: Oil Well		9. OGRID Number	
COG Operating LLC.		229137	
3. Address of Operator			10. Pool name or Wildcat 96610
550 W. Texas Ave. Ste. 1300. Midland, Tx 79701		Empire; Glorieta-Yeso, East	
4. Well Location			
Unit Letter K : 2310' feet from the South line and 1650' feet from the West line			
Section 8		nge 29E	NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3634' GR			
2004 OK			
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 DRILLING OPNS.☐ P AND A ☐			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB 🔲
DOWNHOLE COMMINGLE			
OTHER: Can	cel APD	OTHER:	П
			d 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 OCD to cancel the			
APD for Hatfield State #11			
Spud Date:	Rig Release Da	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE CON	TITLE	Regulatory Ana	<u>lyst</u> DATE <u>07-28-2010</u>
Type or print name Robyn M	Odom E mail address:	radam@aanaharaa	DUONE: 422 695 4295
Type or print name Robyn M. Odom E-mail address: rodom@conchoresources.com PHONE: 432-685-4385 For State Use Only			
APPROVED BY: DATE 3/3/2000 DAT			
Conditions of Approval (If any):	1	V	~ A/
			OX