HOBBS OCD

SEP 2 0 2012 Submit I Copy To Appropriate District State of New Mexico Form C-103 Office October 13, 2009 Energy, Minerals and Natural Resources District I RECEIVEDVELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-40733 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 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** 1220 S. St. Francis Dr., Santa Fe, NM 87505 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 Sopapilla State DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well 🛛 Gas Well Other 2. Name of Operator 9. OGRID Number **COG Production LLC** 217955 3. Address of Operator. 10. Pool name or Wildcat 2208 W. Main Street, Artesia, NM 88210 Brinninstool; Bone Spring 4. Well Location Unit Letter 190 feet from the line and feet from the 2 Township 23S Range 33E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3561

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 \Box **CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL П CASING/CEMENT JOB DOWNHOLE COMMINGLE 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: Attack wellbore diagram of proposed completion or recompletion. PROPERTY NO COG Production LLC will like to request a change of operator for the above referenced well. POOL CODE COG Operating LLC From: To: COG Production LLC Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE: Regulatory Analyst DATE: 9/20/2012 E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945 Type or print name: Mayte Reves For State Use Only -20-2012 APPROVED BY Conditions of Approval (it any):