

I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that the drilling pit will be constructed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> , or an (attached) alternative OCD-approved plan <input type="checkbox"/> . Printed Name: Electronically filed by Diane Kuykendall Title: Regulatory Analyst Email Address: dkuykendall@conchoresources.com Date: 8/25/2009 Phone: 432-683-7443	OIL CONSERVATION DIVISION	
	Approved By: Paul Kautz	
	Title: Geologist	
	Approved Date: 9/14/2009	Expiration Date: 9/14/2011

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone:(505) 393-6161 Fax:(505) 393-0720

District II
 1301 W. Grand Ave., Artesia, NM 88210
 Phone:(505) 748-1283 Fax:(505) 748-9720

District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
 1220 S. St Francis Dr., Santa Fe, NM 87505
 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-102
 Permit 92636

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-025-39516	2. Pool Code 60265	3. Pool Name TULK;ABO, NORTH
4. Property Code 37747	5. Property Name GOOD HANDS 15 STATE	6. Well No. 002
7. OGRID No. 229137	8. Operator Name COG OPERATING LLC	9. Elevation 4302

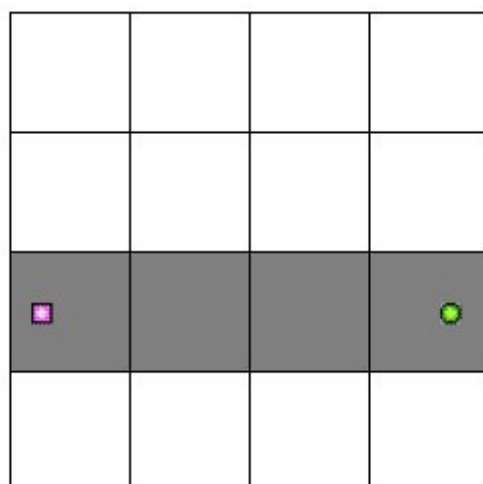
10. Surface Location

UL - Lot I	Section 15	Township 14S	Range 32E	Lot Idn	Feet From 1980	N/S Line S	Feet From 430	E/W Line E	County LEA
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11. Bottom Hole Location If Different From Surface

UL - Lot L	Section 15	Township 14S	Range 32E	Lot Idn L	Feet From 1980	N/S Line S	Feet From 330	E/W Line W	County LEA
12. Dedicated Acres 160.00		13. Joint or Infill		14. Consolidation Code			15. Order No.		

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

E-Signed By: Diane Kuykendall

Title: Regulatory Analyst

Date: 8/25/2009

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Surveyed By: Ronald Eidson

Date of Survey: 7/30/2009

Certificate Number: 3239

Permit Comments

Operator: COG OPERATING LLC , 229137

Well: GOOD HANDS 15 STATE #002

API: 30-025-39516

Created By	Comment	Comment Date
rodan	H2S concentrations of wells in this area from surface to TD are low enough that a contingency plan is not required.	8/25/2009
DMULL	OCD received form C-144 "Pit Registration". OCD Permit Number P1-01342.	9/14/2009