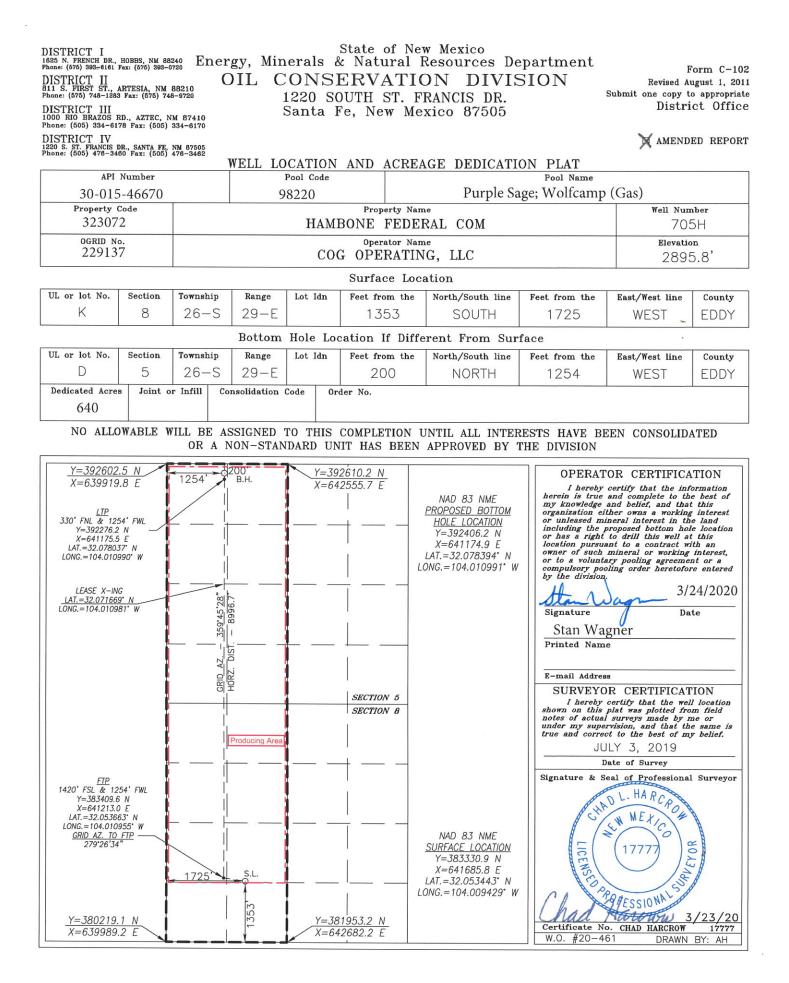
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-10
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 20
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-46670
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa i e, 1019 87505	6. State Oil & Gas Lease No.
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Hambone Federal Com
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🗍 Other	8. Well Number 705H
2. Name of Operator		9. OGRID Number
COG Operating LLC 3. Address of Operator		229137 10. Pool name or Wildcat
600 West Illinois Ave.	Midland, TX 79701	Purple Sage; Wolfcamp (Gas)
4. Well Location K	1353 South 17	725 West
Unit Letter:_ Section 8	feet from the line and Township 26S Range 29E	feet from theline NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	2895' GL	··
12 Charles	munuita Davita Indianta Natura af Nation	Devent on Other Dete
	ppropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF IN		BSEQUENT REPORT OF:
	PLUG AND ABANDON	
	MULTIPLE COMPL CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: Con	rect C-102
 Describe proposed or comp of starting any proposed wo proposed completion or rec 	leted operations. (Clearly state all pertinent details, and rk). SEE RULE 19.15.7.14 NMAC. For Multiple Completion	nd give pertinent dates, including estimated d ompletions: Attach wellbore diagram of
	uests an amendment to our approved APD for th	is well to reflect the attached corrected
0-102.		
Corrected Horizontal Spa	acing Unit.	
Spud Date:	Rig Release Date:	
haraby contify that the information	above is true and complete to the best of my knowled	
nereby certify that the information i	to be to the best of my knowled	ge and bellet.
SIGNATURE Stan Wagne	TITLE Regulatory Adviso	or 03/24/2020
Type or print name Stan Wagne	r	422 252 069
Type or print name	E-mail address:	PHONE: PHONE:
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):	LILE	DATE
Jonations of Approval (If any).		
ived 03/24/2020 - NMOCD		

Accepted 03/30/2020 - Kurt Simmons NMOCD



Intent X As Drilled		
API#		
30-015-46670		
Operator Name:	Property Name:	Well Number
COG Operating LLC	Hambone Federal Com	705H

Kick Off Point (KOP)

UL K	Section 8	Township 26S	Range 29E	Lot	Feet	From N/S	Feet	From E/W	County Eddy
Latitu	Latitude			Longitude				NAD	
									83

First Take Point (FTP)

UL Sec L 8	ction Towns 26S	ship Range 29E	Lot	Feet 1420	From N/S South	Feet 1254	From E/W West	County Eddy	
Latitude			Longitude -104.010955						
32.053663			0				1		

Last Take Point (LTP)

UL D	Section 5	Township 26S	Range 29E	Lot	Feet 330	From N/S North	Feet 1254	From E/W West	County Eddy
Latitude			Longitud	de		NAD			
32.078037			-104.	010990			NAD 83		

Is this well the defining well for the Horizontal Spacing Unit? No

Is this well an infill well?

Yes

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API # 30-015-45581		
Operator Name:	Property Name:	Well Number
COG Operating LLC	Hambone Federal Com	25H

KZ 06/29/2018