Office Opies 10 Appropriate District	State of New Mexico			Form C-103		
Distrust I	Energy, Minerals and Natural Resources			May 27, 2004 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II	OH GOMGERY TRONG			30-015-36169		
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Ty		FEDERAL
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505			STATE	E 🔲 F	EE 🗌
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe	, NM 87	505	6. State Oil &	Gas Lease N	10.
87505						
1	ICES AND REPORTS ON		G D L GV TO L	7. Lease Nam	e or Unit Ag	reement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC				E/	OLK FEDE	DAI
PROPOSALS.)			IN 06 2008	8. Well Numb		
Type of Well: Oil Well Name of Operator	Gas Well Other			9. OGRID Ni		
2. Name of Operator COG Operating LLC				9. OURID NO	229137	
3. Address of Operator				10. Pool name	e or Wildcat	
550 W. Texas Ave., Sui	te 1300 M	idland, 1	TX 79701	Empire	e; Yeso, Ea	ıst 96610
4. Well Location						
Unit Letter <u>D</u> :	630' feet from the N		ine and	feet from the		line
Section 17	<u>.</u>	17S	Range 29E	NMPM	Í (County EDDY
	11. Elevation (Show who	ether DR, 3644'				
Pit or Below-grade Tank Application _ c	or Closure 🗌	3044	<u> </u>			
Pit type DRILLING Depth to Grou	ndwater 115' Distance fr	om nearest i	fresh water well 1000	D' Distance from	nearest surface	water <u>1000</u>
Pit Liner Thickness: 12 mil	Below-Grade Tank: Volume		bbls; Construction	n Material		
12 Check	Appropriate Box to Inc	dicate Na	ature of Notice 1	Report or Otl	ner Data	
		arouto 14t	ŕ	•		
NOTICE OF IN				SEQUENT		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK			NG CASING 🔲
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL		COMMENCE DRILL CASING/CEMENT		-	` ⊔
TOLE ON ALTEN GAGING	MOETH EE OOM E		OACHIO/OEMENT	30B C	1	
OTHER: Drill with closed		\boxtimes	OTHER:			
13. Describe proposed or comp						
of starting any proposed we or recompletion.	ork). SEE RULE 1103. Fo	or Multiple	e Completions: Att	ach wellbore di	agram of pro	posed completion
or recompletion.						
						•
COG Operating LI	_C respectfully requests	permissi	on to drill this well	with a closed	ł loop systei	m.
)		
I hereby certify that the information grade tank has been/will be constructed or	above is true and complete	e to the be	st of my knowledge	and belief. I for	irther certify th	at any pit or below-
		1	-		ternative OCD	-approveu pian ∐.
SIGNATURE / Tryfles (Levards	TTLE	Regulatory Analy	<u>/st</u>	DATE	6-4-08
T	vende TO 11 11	a alocas : I	@	m	1 1 37	400 005 4040
Type or print name Phyllis Edv For State Use Only	vards E-mail address: p	eawards	@concnoresour	ces.com Te	ephone No.	432-085-4340
2 VI State USC CALL						
	7	TITLE			DATE_	
Conditions of Approval (if any):						