

Submit 1 Copy To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM

87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

October 13, 2009

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-52368
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Production LLC		6. State Oil & Gas Lease No.
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name Eata Fajita State Com
4. Well Location Unit Letter <u>P</u> : <u>630</u> feet from the <u>South</u> line and <u>840</u> feet from the <u>East</u> line Section <u>8</u> Township <u>24S</u> Range <u>33E</u> NMPM Lea County		8. Well Number 603H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3601.8' GR		9. OGRID Number 217955
		10. Pool name or Wildcat Triple X; Bone Spring, West

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐

OTHER:

☒ Dedicated Acres Change

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

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: Attach wellbore diagram of proposed completion or recompletion.

COG Production LLC respectfully requests approval for the following changes to the original approved APD.

Dedicated Acres Change:

From: 1279.08

To: 319.75

C102 attached.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mayte Reyes TITLE: Senior Regulatory Coordinator DATE: 12/16/2024

Type or print name: Mayte Reyes E-mail address: mayte.x.reyes@cop.com PHONE: (575) 748-6945

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

C-102 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION		Revised July 9, 2024	
			Submittal Type:	<input checked="" type="checkbox"/> Initial Submittal
				<input type="checkbox"/> Amended Report
		<input type="checkbox"/> As Drilled		

WELL LOCATION INFORMATION

API Number 30-025-52368	Pool Code 96674	Pool Name Triple X; Bone Spring, West
Property Code	Property Name EATA FAJITA STATE COM	Well Number 603H
OGRID No. 217955	Operator Name COG PRODUCTION LLC	Ground Level Elevation 3601.8'
Surface Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal

Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
P	8	24-S	33-E		630 FSL	840 FEL	32.226652°N	103.588507°W	LEA

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
2	5	24-S	33-E		50 FNL	1649 FEL	32.253794°N	103.591136°W	LEA

Dedicated Acres 319.75	Infill or Defining Well Infill	Defining Well API 30-025-52425	Overlapping Spacing Unit (Y/N) Y	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
P	8	24-S	33-E		630 FSL	840 FEL	32.226652°N	103.588507°W	LEA


First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
0	8	24-S	33-E		100 FSL	1649 FEL	32.225198°N	103.591122°W	LEA

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
2	5	24-S	33-E		100 FNL	1649 FEL	32.253657°N	103.591136°W	LEA

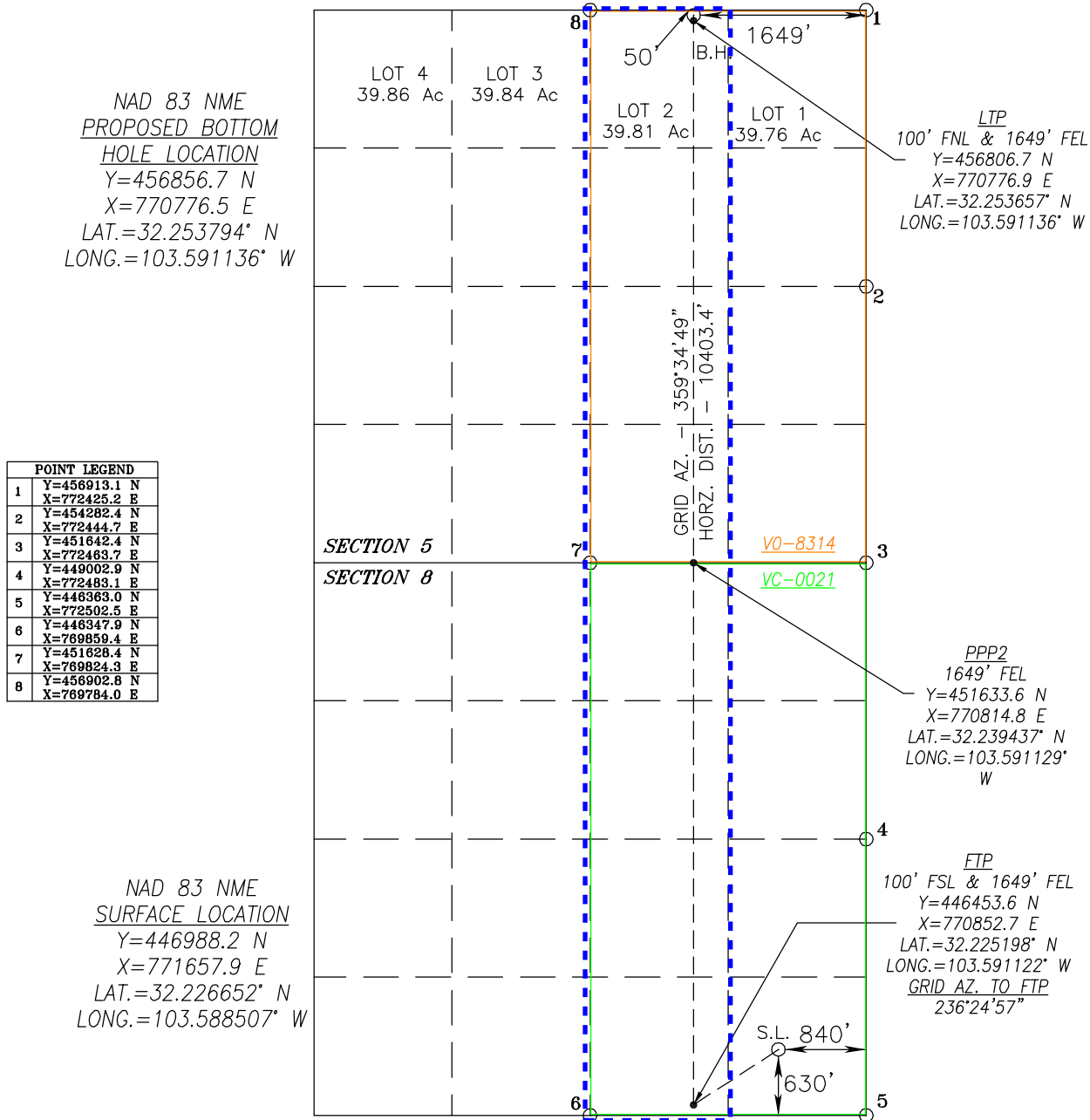
Unitized Area or Area of Uniform Interest COM	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation: 3601.8'
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OPERATOR CERTIFICATIONS <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> <i>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</i>		SURVEYOR CERTIFICATIONS <i>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.</i>	
Signature Mayte Reyes Date 12/16/2024		Signature and Seal of Professional Surveyor  Chad Harcrow 12/3/24	
Printed Name Mayte Reyes Email Address mayte.x.reyes@conocophillips.com		Certificate Number 17777	Date of Survey AUGUST 9, 2023
		W.O.#24-1226	DRAWN BY: JH
		PAGE 1 OF 2	

Note: 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.

This grid represents a standard section. You may superimpose a non-standard section, or larger area, over this grid. Operators must outline the dedicated acreage in a red box, clearly show the well surface location and bottom hole location, if it is directionally drilled, with the dimensions from the section lines in the cardinal directions. If this is a horizontal wellbore show on this plat the location of the First Take Point and Last Take Point, and the point within the Completed interval (other than the First Take Point or Last Take Point) that is closest to any outer boundary of the tract.

Surveyors shall use the latest United States government survey or dependent resurvey. Well locations will be in reference to the New Mexico Principal Meridian. If the land is not surveyed, contact the OCD Engineering Bureau. Independent subdivision surveys will not be acceptable.



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WELL API NO. 30-025-52368	
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6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Eata Fajita State Com	
8. Well Number 603H	
9. OGRID Number 217955	
10. Pool name or Wildcat Triple X; Bone Spring, West	
40	feet from the East line NMPM Lea County

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1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
COG Production LLC

3. Address of Operator
2208 W. Main Street, Artesia, NM 88210

4. Well Location

Unit Letter P : 630 feet from the South line and 840 feet from the East line
 Section 8 Township 24S Range 33E NMPM Lea County

11. Elevation (*Show whether DR, RKB, RT, GR, etc.*)
3601.8' GR

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PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	MULTIPLE COMPL	<input type="checkbox"/>
DOWNHOLE COMMINGLE	<input type="checkbox"/>		

OTHER:

☒ Dedicated Acres Change

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	P AND A	<input type="checkbox"/>
CASING/CEMENT JOB	<input type="checkbox"/>		

OTHER:

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SIGNATURE Mayte Reyes TITLE: Senior Regulatory Coordinator DATE: 12/16/2024

Type or print name: Mayte Reyes E-mail address: mayte.x.reyes@cop.com PHONE: (575) 748-6945

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

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

CONDITIONS

Action 412168

CONDITIONS

Operator: COG PRODUCTION, LLC 600 W. Illinois Ave Midland, TX 79701	OGRID: 217955
	Action Number: 412168
	Action Type: [C-103] NOI Change of Plans (C-103A)

CONDITIONS

Created By	Condition	Condition Date
matthew.gomez	Any previous COA's not addressed within the updated COA's still apply.	4/24/2025