

District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240District II – (575) 748-1283
811 S. First St., Artesia, NM 88210District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505State of New Mexico
Energy, Minerals and Natural Resources

OCD – Artesia – REC'D 6/3/2020

Form C-103

Revised July 18, 2013

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

WELL API NO. 30-015-47092
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Myox 30 19 State Com
8. Well Number 702H
9. OGRID Number 229137
10. Pool name or Wildcat Purple Sage; Wolfcamp (Gas) 98220

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator COG Operating LLC	
3. Address of Operator 600 W. Illinois Ave., Midland, TX 79701	
4. Well Location Unit Letter <u>P</u> : <u>400</u> feet from the <u>South</u> line and <u>1326</u> feet from the <u>East</u> line Section <u>18</u> Township <u>25S</u> Range <u>28E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3029' GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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: <input type="checkbox"/>	

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 Operating LLC respectfully requests to change the name of this well

FROM: Myox 30 19 State Com #702H

TO: Myox 30 State Com #702H

Attached are the revised C102.

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  TITLE Sr Regulatory Analyst DATE 06/03/2020Type or print name Robyn M. Russell E-mail address: Rrussell@concho.com PHONE: (432) 685-4385**For State Use Only**APPROVED BY:  TITLE Geologist DATE 6/4/2020

Conditions of Approval (if any):

Certificate Number