

Submit 3 Copies 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

Form C-103

May 27, 2004

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

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. 30-015-38972
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>SWD</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>COG Operating LLC</u>		6. State Oil & Gas Lease No.
3. Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701		7. Lease Name or Unit Agreement Name Empire State SWD 9 ✓
4. Well Location Unit Letter <u>A</u> : <u>660'</u> feet from the <u>North</u> line and <u>540'</u> feet from the <u>East</u> line ✓ Section <u>9</u> Township <u>17S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number <u>4</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3582' GR</u>		9. OGRID Number 229137
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>		10. Pool name or Wildcat SWD; Cisco 96099
Pit type <u>DRILLING</u> Depth to Groundwater <u>110'</u> Distance from nearest fresh water well <u>1000'</u> Distance from nearest surface water <u>1000'</u>		
Pit Liner Thickness: <u>12 mil</u> Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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 ☐

OTHER: Change intermediate csg weight ☒

SUBSEQUENT REPORT OF:

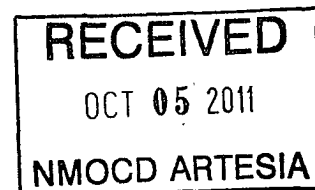
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

COG Operating LLC respectfully requests permission to change the 9-5/8" intermediate casing weight from 36# to 40#. This change is requested due to availability of this casing.

All other components of the casing & cementing program remain the same as permitted.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will-be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Robyn M. Odom TITLE Regulatory Analyst DATE 10-04-08

Type or print name Robyn M. Odom E-mail address: rodome@concho.com Telephone No. 432-685-4385

For State Use Only

APPROVED BY: J. L. Shepard TITLE Geologist DATE OCT 13 2011

Conditions of Approval (if any):