Submit I Copy To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	•		WELL API NO. 30-015-41641
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE S FEE
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			Myox 32 State
PROPOSALS.)			8. Well Number
1. Type of Well: Oil Well Gas Well Other			1H
Name of Operator COG Operating LLC			9. OGRID Number 229137
3. Address of Operator			10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210			Delaware River; Bone Spring
4. Well Location			
Unit Letter O: 190 feet from the South line and 1980 feet from the East line			
Section 32 Township 25S Range 28E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3003' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	I JOR -
			·
OTHER: Casing Change ☑		OTHER:	П
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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 approval for the following casing change to the original APD.			
S-1 0 5100 264 155 6 2202			
Set 9-5/8" 36# J55 csg @ 2392'.			
Spud Date:	Rig Release Da	ite:	
<u> </u>		<u>L </u>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE: Regulatory Analyst DATE: 11/4/2013			
SIGNATORE	7	LUIAIOI Y AMAIYSI	DATE. THATEST
Type or print name: Mayte Reves E-mail address: mreyes (@conchoresources.com PHONE: (575) 748-6945			
For State Use Only			
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APPROVED BY: /- C- JW/WL/ TITLE DATE DATE TITLE TITLE TITLE DATE TITLE TITLE			
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