Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	ural Resources	Revised Au WELL API NO.	igust 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			30-015-37141	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	·		6. State Oil & Gas Lease No.	
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreeme	ent Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Bease Name of Sint Algreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		SRO STATE UNIT COM		
1. Type of Well: Oil Well Gas Well Other			8. Well Number #002H	
Name of Operator COG Operating LLC			9. OGRID Number 229137	
3. Address of Operator			10. Pool name or Wildcat	
600 W Illinois Ave., Midland, TX 79701			Delaware River; Bone Sp	ring
4. Well Location			· · · · · · · · · · · · · · · · · · ·	
	t from the South line and 330	•	line	
Section 32 Township 25S Range 28E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11. Elevation (Show whether DR, RKB, RT, GR, etc. 2996' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORI TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			•	ASING []
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			_	
DOWNHOLE COMMINGLE				
OTHER: Name Change	lacktriangle	OTHER:		
13. Describe proposed or compl	eted operations. (Clearly state all	pertinent details, and		
of starting any proposed wo proposed completion or reco	rk). SEE RULE 19.15.7.14 NMAG ompletion.	C. For Multiple Con	pletions: Attach wellbore diagram	m of
COG Operating LLC respec	tfully requests that this we	II name be char	ged as follows:	
From: SRO STATE UNIT C	OM #002H			
To: SRO STATE COM #002H 40112			RECEIVE	D 7
			i	_
The SRO State Unit will terminate March 1, 2014.				
We request that these name changes be effective March 1, 2014.				
The second second	 			
I hereby certify that the information a	bove is true and complete to the be	est of my knowledge	and belief.	
SIGNATURE Manie H	TITLE Reg	ulatory Analyst	DATE 02/26/2014	
Type or print name Melania I Day				
Type or print name Melanie J. Parker E-mail address: mparker@concho.com PHONE: 575-748-6940				
APPROVED BY: 1 C. Styled TITLE "Geologist" DATE 2-27-2014				
Conditions of Approval (if any): Peovide (102				