

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

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

WELL API NO. 30-015-37422
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 SRO STATE UNIT COM
8. Well Number #003H
9. OGRID Number 229137
10. Pool name or Wildcat Hay Hollow; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3126' GR

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 ☒ Gas Well ☐ Other

2. Name of Operator

COG Operating LLC

3. Address of Operator

600 W Illinois Ave., Midland, TX 79701

4. Well Location

Unit Letter **A** : **660** feet from the **North** line and **330** feet from the **East** line

Section **18** Township **26S** Range **28E** NMPM **Eddy** County

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

3126' GR

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: **Name 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.

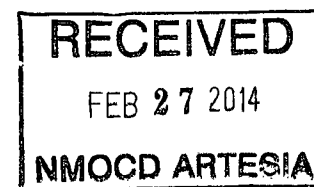
COG Operating LLC respectfully requests that this well name be changed as follows:

From: SRO STATE UNIT COM #003H

To: SRO STATE COM #003H **40112**

The SRO State Unit will terminate March 1, 2014.

We request that these name changes be effective March 1, 2014.



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

SIGNATURE Melanie J. Parker TITLE Regulatory Analyst DATE 02/26/2014

Type or print name Melanie J. Parker E-mail address: mparker@concho.com PHONE: 575-748-6940

For State Use Only

APPROVED BY: T. C. Shepard TITLE "Geologist" DATE 2-27-2014

Conditions of Approval (if any):

Provide C102