

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

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. 30-015-37424
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator 600 W Illinois Ave., Midland, TX 79701		7. Lease Name or Unit Agreement Name SRO STATE UNIT COM
4. Well Location Unit Letter A : 660 feet from the North line and 330 feet from the East line Section 16 Township 26S Range 28E NMPM Eddy County		8. Well Number #004H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3036' GR		9. OGRID Number 229137
		10. Pool name or Wildcat Wildcat, Bone Spring <i>Hay Hollow; B.S.</i>

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 ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: **Name Change** ☒

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.

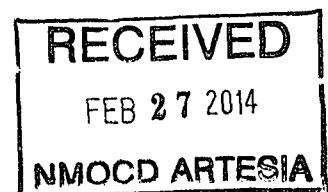
COG Operating LLC respectfully requests that this well name be changed as follows:

From: SRO STATE UNIT COM #004H

To: SRO STATE COM #004H (46112)

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**