

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. 30-015-37425
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 #005H
9. OGRID Number 229137
10. Pool name or Wildcat Hay Hollow; Bone Spring

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 **M** : **660** feet from the **South** line and **330** feet from the **West** line

Section **8** Township **26S** Range **28E** NMPM **Eddy** County

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

3107' 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 ☐

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 #005H

To: SRO STATE COM #005H (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