| Submit 1 Copy To Appropriate District Office | State of New Mex | xico | Form C-103 |
|--|-------------------------------------|------------------------|--|
| District I – (575) 393-6161 | Energy, Minerals and Natur | al Resources | Revised August 1, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240 | | • | WELL API NO. |
| District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION | | DIVISION | 30-015-41199 |
| District III - (505) 334-6178 1220 South St. Francis Dr. | | cis Dr. | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87 | 505 | STATE FEE 6. State Oil & Gas Lease No. |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | | | 6. State Off & Gas Lease No. |
| 87505 | TEG AND DEPONER ON WELL C | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | SRO STATE UNIT COM |
| PROPOSALS.) | | 8. Well Number #039H | |
| 1. Type of Well: Oil Well Gas Well Other | | | |
| 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 | | Red Bluff; Bone Spring | |
| 4. Well Location | | • | , |
| Unit Letter N : 330 feet from the South line and 1980 feet from the West line | | | |
| | | | |
| Section 34 Township 25S Range 28E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 11. Elevation (Snow whether DR, RKB, RI, GR, etc. 2939' GR | | | |
| | 2555 GH | | |
| 12. Check Ap | ppropriate Box to Indicate Na | ature of Notice, | Report or Other Data |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK REMEDIAL WORK REMEDIAL WORK | | | |
| — | | | LLING OPNS. P AND A |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN' | | | - |
| DOWNHOLE COMMINGLE | MIOETH EE COIVILE | OAGING/OLIVILIN | Т 30В |
| BOWINIOEE COMMININGEE | | | |
| 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. | | | |
| COC Operation I.I.C respectfully requests that this well name he sharped as follows: | | | |
| COG Operating LLC respectfully requests that this well name be changed as follows: | | | |
| From CDO CTATE LINIT COM #020H | | | |
| From: SRO STATE UNIT COM #039H | | | |
| T 000 07475 0014 40 | and the use | | RECEU |
| To: SRO STATE COM #039H (40/12) | | | |
| FFR 2 7 a | | | |
| To: SRO STATE COM #039H (40/12) The SRO State Unit will terminate March 1, 2014. We request that these name changes be effective March 1, 2014. | | | |
| We request that these name changes be effective March 1, 2014. | | | |
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| I hereby certify that the information al | nove is true and complete to the be | st of my knowledge | e and belief |
| Λ (Λ | | | |
| (1/1/2) | | | |
| SIGNATURE / / / / / / / | TITLE Regu | latory 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: 1 / MADOW TITLE "Geologist" DATE 2-27-2014 | | | |
| Conditions of Approval (if any): | | | |
| Provide C102 | | | |