

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. <b>30-015-41532</b>
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 <b>COG Operating LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>600 W Illinois Ave., Midland, TX 79701</b>		7. Lease Name or Unit Agreement Name <b>SRO STATE UNIT</b>
4. Well Location Unit Letter <b>A</b> : <b>190</b> feet from the <b>North</b> line and <b>560</b> feet from the <b>East</b> line Section <b>16</b> Township <b>26S</b> Range <b>28E</b> NMPM <b>Eddy</b> County		8. Well Number <b>#053H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3038' GR</b>		9. OGRID Number <b>229137</b>
		10. Pool name or Wildcat <del>Wildcat; Bone Spring</del> <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.

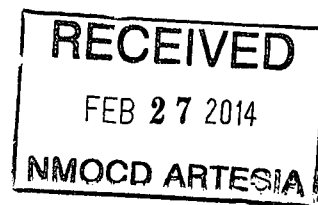
COG Operating LLC respectfully requests that this well name be changed as follows:

From: SRO STATE UNIT #053H

To: SRO STATE #053H *(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