Submit Lopy To Appropriate District	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OIL CONSERVATION DIVISION	30-015-40416
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		o. State on & Gas Bease No.
	ΓICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	Owimat State Com
PROPOSALS.)		Ouimet State Com 8. Well Number 11H
 Type of Well: Oil Well Name of Operator 	Gas Well Other	9. OGRID Number
2. Prainte of Operator	COG Operating LLC	229137
3. Address of Operator	(00 W HE : A NEW LT 70701	10. Pool name or Wildcat
<u>-:</u>	, 600 W. Illinois Ave., Midland, Tx 79701	Empire; Glorieta-Yeso, East 96610
4. Well Location Unit Letter 1	: 210 feet from the North line and	175 feet from the East line
Section 2	Township 17S Range 29E	NMPM County EDDY
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3660' GR	
10 OL 1	A	Demont on Other Dete
12. Check	Appropriate Box to Indicate Nature of Notice,	, Report or Other Data
		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	- · · · · · · · · · · · · · · · · · · ·	
TEMPORARILY ABANDON [PULL OR ALTER CASING [<u> </u>	RILLING OPNS. PAND A :
DOWNHOLE COMMINGLE	"	
CLOSED-LOOP SYSTEM	_	
OTHER:	Change Pool OTHER:	nd give pertinent dates, including estimated date
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated dates of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
		: :
·		:
Service and the service and th	COG Operating LLC respectfully requests to change	
	WC-015 G-01 S172902A; GLORIETA-YESO	97979
		JUN 8 2015
		RECEIVED
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Spud Date:	Rig Release Date:	· ·
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
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SIGNATURE (TITLE Regulatory Analyst	DATE <u>06/05/2015</u>
Type or print name Robyn M.	Odom E-mail address: Rodom@conch	no.com PHONE: <u>432-685-4385</u>
For State Use Only	Inola A St.	
APPROVED BY:	DOOL TITLE JOS JEDGE	DATE 6-11-2015
Conditions of Approval (if any):	· ·	