Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-015-37144
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> $-$ (505) 334-6178	1220 South St. Francis Dr.	STATE S FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	DELLS AND REPORTS ON WELLS	
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Wild Cap State
PROPOSALS.)		8. Well Number
1. Type of Well: Oil Well 🛛	Gas Well 🔲 Other	5H
2. Name of Operator		9. OGRID Number
COG Operating LLC		229137
3. Address of Operator		10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210		WC Williams Sink; Bone Spring
4. Well Location		
Unit Letter <u>C</u> :	330 feet from the <u>North</u> line and	2260 feet from the West line
Section 36	Township 19S Range 31E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3500' GR	
12. Check A	Appropriate Box to Indicate Nature of Notice	, Report or Other Data
	ITENTION TO: SUE	BSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WO	
		RILLING OPNS. P AND A
PULL OR ALTER CASING		— — —
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	Name Change 🛛
	oleted operations. (Clearly state all pertinent details, a	nd give pertinent dates, including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	ompletions: Attach wellbore diagram of
proposed completion or rec	completion.	
COG Operating LLC respectfully re	equests approval for the following name change:	
		NM OIL CONSERVATION
From: Wild Cap State Com #5H	bat	ARTESIA DISTRICT
To: Wild Cap State #5H +308	1843	JUL 2 2 2015
	· · · ·	RECEIVED
Spud Date: 9/27/09	Rig Release Date:	10/28/09
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I hereby certify that the information	above is true and complete to the best of my knowled	ge and belief.
SIGNATURE	TITLE: Regulatory Analyst	
Type or print name: <u>Stormi Da</u>	vis E-mail address: <u>sdavis@concl</u>	ho.com PHONE: (575) 748-6946
For State Use Only		1 1
	$V(\lambda 0) = \mathcal{P}(\lambda 0)$	Dr. Wen Jaalin
APPROVED BY:	TILL AS CICLE	DATE //30/15
Conditions of Approval (if any):	//	