

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 July 18, 2013

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-43706
2. Name of Operator COG Operating LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 2208 W Main Street, Artesia, NM 88210		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>O</u> ; <u>225</u> feet from the <u>South</u> line and <u>2280</u> feet from the <u>East</u> line Section <u>5</u> Township <u>26S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		7. Lease Name or Unit Agreement Name MYOX 5 State Com
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3055' GR		8. Well Number 22H
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 229137
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		10. Pool name or Wildcat [98195] WC-015 G-06 S2628050; Upr Wolfcamp
SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>		
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.		

Request to change the name of this well

From: MYOX 5 State #22H

To: MYOX 5 State Com #22H (316513)

eff 4-13-16

NM OIL CONSERVATION
 ARTESIA DISTRICT

JUL 18 2016

RECEIVED

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Melanie J. Wilson TITLE Regulatory Analyst DATE July 19, 2016

Type or print name Melanie J. Wilson E-mail address: mwilson@concho.com PHONE: 575-748-6952

For State Use Only
 APPROVED BY: Karen Sharp TITLE Bus Op Spec-Adv DATE 7-19-16
 Conditions of Approval (if any):