Submit 1 Copy To Appropriate District Office	State of New Me	exico	Form C-103			
District I	Energy, Minerals and Natu	ral Resources	October 13, 2009			
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.			
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	DIVISION	30-015-36393 5. Indicate Type of Lease			
District III	1220 South St. Fran	ncis Dr.	STATE STEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87	7505	6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM	,					
SUNDRY NOT	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name			
	OSALS TO DRILL OR TO DEEPEN OR PLU					
DIFFERENT RESERVOIR, USE "APPL PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FO	OR SUCH	Hurl State 8. Well Number			
1. Type of Well: Oil Well	Gas Well Other		8. Well Number			
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		Loco Hills; Bone Spring, East			
4. Well Location						
Unit LetterA:	: 660 feet from the North	line and <u>660</u>	feet from theEast line			
Section 16	Township 18S Range	30E	NMPM Eddy County			
	11. Elevation (Show whether DR,	•	The Control of the Co			
(2) (2) (3) (3) (3) (4) (4) (4) (4)	3467'	GR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12 Check Appropriate Box to	o Indicate Nature of Notice, Re	enort or Other Di	ats			
12. Check Appropriate Box to	o maicate Nature of Notice, Re	port of Office De	atq			
	NTENTION TO:	SUB	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		REMEDIAL WOR				
TEMPORARILY ABANDON		COMMENCE DRI				
PULL OR ALTER CASING		CASING/CEMEN	T JOB			
DOWNHOLE COMMINGLE						
OTHER: Mame Change		OTHER:				
			re pertinent dates, including estimated date of ons: Attach wellbore diagram of proposed			
completion or recompletion.	JEE ROLL 19:15:7:14 PARISC, TOP	mample Completio	ns. Attack welloofe diagram of proposed			
COG Operating LLC respectfully r	equests approval for the following ma	ame change to the a	bove referenced well.			
		g	eft 10-23-2013			
From: Hurl State Com 1 3080	05 <i>0</i>	•	ell 10-65-660			
To: Hurl State 1 31744	13		10			
C102 Attached.			V			
C102 Attached.						
Spud Date:	Rig Release Da	ate:				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
1000 # 1	n above is true and complete to the b	car or my knowices				
arassum - VIVIVI	しん	_				
SIGNATURE 1	しん	egulatory Analyst	DATE: <u>2/1/2017</u>			
Type or print name: Mayte Re	TITLE: RO	egulatory Analyst	DATE: 2/1/2017 noresources.com PHONE: (575) 748-6945			
7	TITLE: RO	egulatory Analyst				
Type or print name: Mayte Re	TITLE: RO	egulatory Analyst				
Type or print name: Mayte Re For State Use Only	TITLE: _Re	egulatory Analyst	noresources.com PHONE: (575) 748-6945			

District.1
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax. (575) 393-0720
District.II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax. (575) 748-9720
District.III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax. (505) 334-6170
District.IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax. (505) 476-3462

State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102
Revised August 1,
2011
Submit one copy to appropriate
District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

'API Number				¹ Pool Code		¹ Pool Name				
30-	-015-3639	93		39513		Loco Hills; Bone Spring, East				
¹ Property (Code	Property Name							* Well Number	
30805	0	Hurl State				Į.	1			
'OGRID	No.	Operator Name				[†] Elevation				
22913	7		COG Operating LLC 3467' G					3467' GR		
					10 Surface	Location				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
A	16	18S	30E		660	North	660	East	Eddy	
			11 Bo	ttom Hol	e Location I	f Different Fro	m Surface			
UL or let no.	Section	Township	Range	Lot Idn	Feet from the	North/South fine	Feet from the	East/West line	County	
Dedicated Acres	s Joint o	r Infill Co	onsolidation	Code i Or	der No.				1	

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

10 OPERATOR CERTIFICATION I Invertey certify that the information are in time and samples to the heard any inventage and held, and that this qualitation didn't creat a variety inverse or an industral information in the count in the heard of the heard or the heard o	Assessed 1				
best of any townshipe and boiled, and that this cognituration other owns a warking towns or minimal bounds in the last including the prepasal bottom hade located not as eight to delib this will at this hazarkin proving a growing a computer private an attention proving a growing a computer private growing	16				17 OPERATOR CERTIFICATION
bineres or substant mineral in the land including the prepanal to man label behavior or has a gight to did this well as this baset on personal or construct with an amount of such a mineral so was this baset on personal or such an angular problems of the substance proving agreeming a computator political color homogene secret by the abilities. 2/2/17 Date Stormi Davis Prised Name Sdavis@concho.com E-mail Address 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was ploused from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: REFER TO ORIGINAL PLAT					I hereby certify that the information contained herein is true and samplete to the
hote boasten or has a right to dell this well or this boasten pursuant or a comment with one natural or weathing processing agreement of the delican. 2/2/17 Date Stormi Davis Princel Name Sdavis@concho.com E-mail Address 1*SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was ploused from field notes of acrual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Scal of Professional Surveyor: REFER TO ORIGINAL PLAT					best of my involvinge and helief, and that this organization either cours a working
note an avenur of such a mineral ser working interest, or to a videratory proving agreement by a computatory polling only harmofure antered by the diction. 2/2/17 Stormi Davis Prizad Name Sdavis@concho.com E-mail Address **ISURVEYOR CERTIFICATION** I hereby certify that the well location shown on this plat was ploused from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my besig!. Date of Survey Signature and Scal of Professional Surveyor: REFER TO ORIGINAL PLAT					interest or unlessed mineral interest in the land including the prepared bottom
asymmetry of computation of the addition. 2/2/17 Softwar Date Stormi Davis Princed Name Sdavis@concho.com E-mail Address 18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was ploused from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my bedief. Date of Survey Signature and Seal of Professional Surveyor: REFER TO ORIGINAL PLAT				9	hole location or has a right to drill this well at this faculton pursuant to a commet
Stormi Davis Pristed Name Sdavis@concho.com E-mail Address is SURVEYOR CERTIFICATION I hereby certify that the well location thown on this plat was ploued from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: REFER TO ORIGINAL PLAT					with an owner of such a mineral or working interest, or to a voluntary pooling
Stormi Davis Prized Name Sdavis@concho.com E-mail Address 14SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plouted from field notes of occual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: REFER TO ORIGINAL PLAT					agrounding of a computatory proling order hereaching artered by the division.
Stormi Davis Prized Name Sdavis@concho.com E-mail Address 14SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plouted from field notes of occual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: REFER TO ORIGINAL PLAT					2/2/17
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