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, Azrec, NM 87416
Phone: (505) 334-6178 Fax: (505) 334-6178
District. IV
1220 S. St. Francis Dr., Santa Fe, NM 87503
Phone: (505) 476-3460 Fax: (505) 476-3462

API Number

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

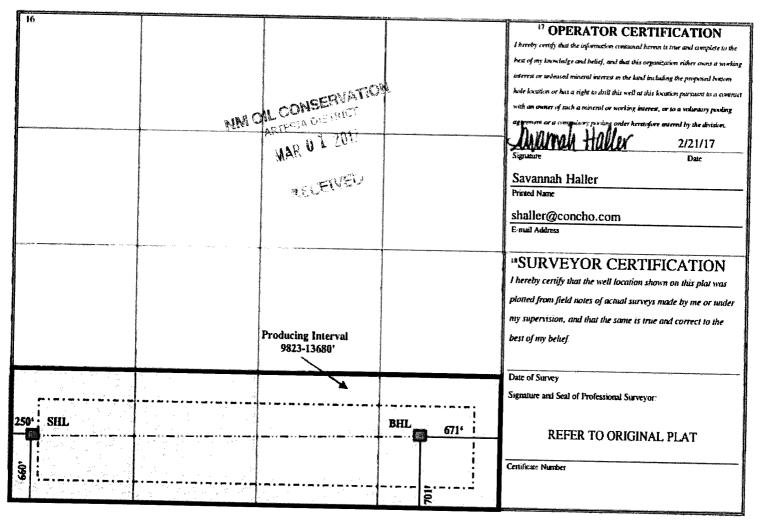
Pool Name

WELL LOCATION AND ACREAGE DEDICATION PLAT

Pool Code

30-015-42458				98220)	Purple Sage-Wolfcar			mp Gas	
⁴ Property Code 313387		⁴ Property Name Black River State							* Well Number	
'OGRID No. 229137		Operator Name COG Operating LLC							'Elevation 3212' GR	
••••					¹⁰ Surface	Location		L		
UL or lot no. M	Section 5	Township 24S	Range 27E	Lot Idn	Feet from the 660	North/South line South	Feet from the 250	East/West line West		County Eddy
	·		11 Bo	ttom Ho	le Location I	Different Fro	m Surface		I	
UL or lot no. P	Section 5	Township 24S	Township Range Lot Idn		Feet from the 701	North/South line South	Feet from the	East/West line East		County Eddy
" Dedicated Acres	ⁱⁿ Joint of	infill "C	onsolldation	Code "O	rder No.				<u>* </u>	Eduy

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.



	New Mexico	Form C-103									
Office District 1 Energy, Minerals	s and Natural Resources	October 13, 2009									
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-015-42458									
1301 W. Ginna (W., Aucaia, Will od. 10	VATION DIVISION	5. Indicate Type of Lease									
1000 Pin Brazos Rd Aztes NM 87410	h St. Francis Dr.	STATE ☑ FEE □									
District IV Santa F	e, NM 87505	6. State Oil & Gas Lease No.									
1220 S. St. Francis Dr., Santa Fe, NM 87505											
SUNDRY NOTICES AND REPORTS O	ON WELLS	7. Lease Name or Unit Agreement Name									
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DE	Black River State										
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOI PROPOSALS.)	8. Well Number										
1. Type of Well: Oil Well Gas Well 🛛 Other		4H									
2. Name of Operator		9. OGRID Number									
COG Operating LLC	229137 10. Pool name or Wildcat										
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	Purple Sage-Wolfcamp Gas										
4. Well Location Unit LetterM :660' feet from theSouth line and250'feet from theWestline											
Section 5 Township 24S Range 27E NMPM Eddy County											
11. Elevation (Show whether DR, RKB, RT, GR, etc.)											
Parting the parting and the parting of the parting	3212' GR	المراوات المتحدد									
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data											
NOTICE OF INTENTION TO:	SIIR	SEQUENT REPORT OF:									
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDO	K ☐ ALTERING CASING ☐										
TEMPORARILY ABANDON	N ☐ REMÉDIAL WOR ☐ COMMENCE DR										
PULL OR ALTER CASING	☐ CASING/CEMEN	T JOB 🔲									
DOWNHOLE COMMINGLE											
OTHER: Formation 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 N											
completion or recompletion.											
COG Operating LLC respectfully requests approval for the f											
From: Black River; Wolfcamp [72240]		VIL CONSERVATION ARTESIA DISTRICT									
• • •											
To: Purple Sage-Wolfcamp Gas [98220]		MAR 0 1 201.									
		RECEIVED									
Spud Date: Rig	Release Date:										

I hereby certify that the information above is true and complete to the best of my knowledge and belief.											
10.10 l. 11.16											
SIGNATURE TITLE: Land Technician DATE: 2/21/2017											
Type or print name: Savannah Haller E-mail address: shaller@concho.com PHONE: (575) 748-6942 For State Use Only ACCENTAGE											
recepted for Record											
APPROVED BY: Conditions of Approval (if any):	UC,	DATE									