

MAR 03 2017

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-015-43967		1 Pool Code 98220		1 Pool Name Purple Sage-Wolfcamp Gas	
1 Property Code 317119		1 Property Name SWITCHBACK STATE			1 Well Number 21H
1 OGRID No. 229137		1 Operator Name COG OPERATING, LLC.			1 Elevation 3169.8

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	10	24 S	27 E		380	SOUTH	312	EAST	EDDY

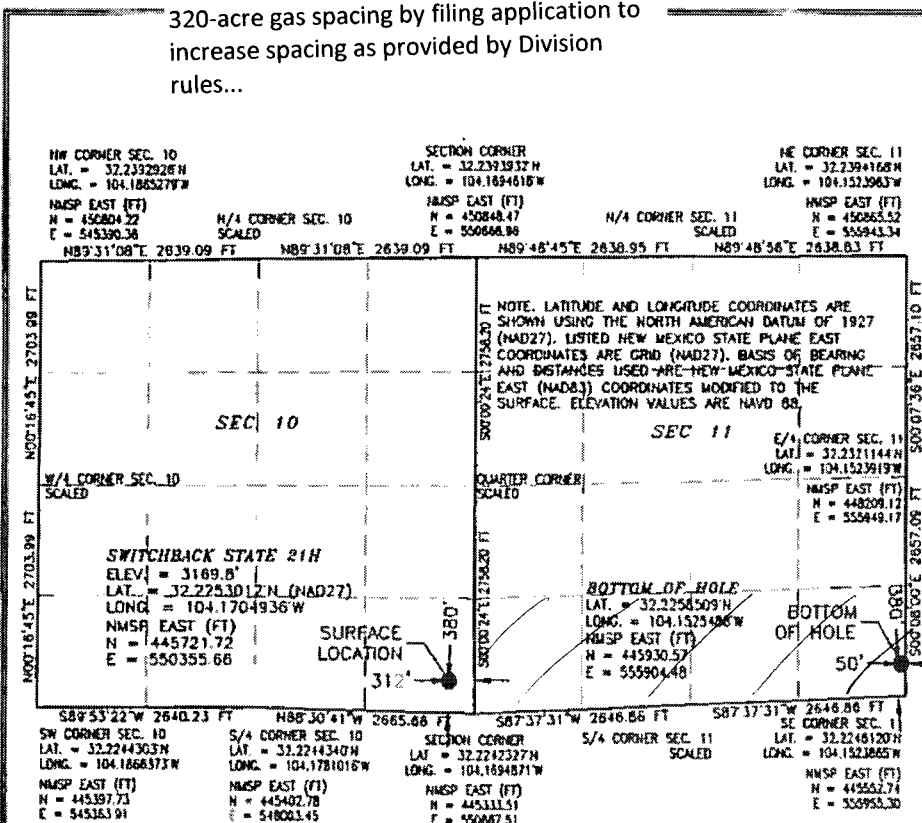
¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	11	24 S	27 E		380	SOUTH	50	EAST	EDDY

12. Dedicated Acres 160	13. Joint or Infill	14. Consolidation Code	15. Order No.
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No allowable w...wells having less than 320 dedicated
division. acres may increase spacing to the standard
320-acre gas spacing by filing application to
increase spacing as provided by Division
rules...

have been consolidated or a non-standard unit has been approved by the



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided mineral interest in the land including the proposed fracture hole location or has a right to drill this well as this location pursuant to a contract with an owner of such a mineral or working interest, or as a voluntary pooling agreement or a compulsory pooling order heretofore entered by the district.

Jannah Haller 2/27/17
Signature Date

Savannah Haller

Printed Name _____

shaller@concho.com

E-mail Address

"SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted 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.

SEPTEMBER

Date of Survey:

7

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27

Signature and _____

Stem: Erect, branched, hairy.

10-11-2015 14:00:00

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Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-015-43967

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Switchback State

8. Well Number

21H

9. OGRID Number

229137

10. Pool name or Wildcat

Purple Sage-Wolfcamp Gas

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 ☒ Gas Well ☐ Other

2. Name of Operator

COG Operating LLC

3. Address of Operator

2208 W. Main Street, Artesia, NM 88210

4. Well Location

Unit Letter P : 380' feet from the South line and 312' feet from the East line
Section 10 Township 24S Range 27E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3169.8' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

OTHER: ☒ Formation Change

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

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 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

COG Operating LLC respectfully requests approval for the following formation changes to the above referenced well.

From: WC-015 G-06 S242710P; UPR Wolfcamp [98217]

To: Purple Sage-Wolfcamp Gas [98220]

Spud Date:

Rig Release Date:

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

SIGNATURE

Savannah Haller

TITLE: Land Technician

DATE: 2/27/2017

Type or print name:

Savannah Haller

E-mail address: shaller@concho.com

PHONE: (575) 748-6942

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):