District. J 1625 N. French Dr., Hobbs. NM 882-40 Phone: (575) 393-6161 Fax: (575) 393-0720 District. II 811 S. First St., Artenst. NAI 882-40 Phone: (575) 748-1283 Fax. (573) 748-9720 District. III 1000 Rio Brazos Road, Artec, NM 87410 Phone: (505) 334-6478 Fax. (505) 334-6170 District. IV 1220 S. St. Francis Dr., Santa Fe. NM 87505 Phone: (583) 476-3460 Fax. (503) 476-3462

320

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

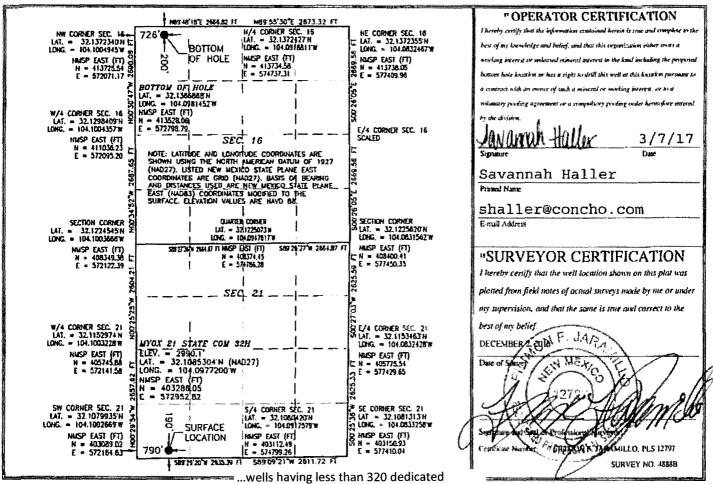
X AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

'API Number				² Pool Code		' Pool Name				
30-015-44002				98220)	Purple Sage-Wolfcamp Gas				
Property Code			³ Property Name						* Well Number	
38521		MYOX 21 STATE COM							32H	
*OGRID No.		* Operator Name							' Elevation	
22913	7	COG OPERATING, LLC.							2990.1	
					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	
M	21	25 S	28 E		190	SOUTH	790	WEST	EDDY	
	A		" Bo	tom Hol	e Location I	Different Fro	m Surface			
UL or let no.	Section	Township	Range	Lot 1dn	Feet from the	North/South line	Feet from the	East/West line	County	
D	16	25 S	28 E		200	NORTH	726	WEST	EDDY	

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.

R-14262



acres may increase spacing to the standard 320-acre gas spacing by filing application to increase spacing as provided by Division rules...

Submit 1 Copy To Appropriate District Office	State of New Me		Form C-103							
District I	Energy, Minerals and Natu	ral Resources	October 13, 2009 WELL API NO.							
1625 N. French Dr., Hobbs, NM 88240 District II		DU UGION	1	015-44002						
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type o	f Lease						
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran		STATE S	**************************************						
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87	CUC	6. State Oil & Gas	Lease No.						
87505			······································							
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	7. Lease Name or Unit Agreement Name									
DIFFERENT RESERVOIR. USE "APPLIE	Myox 21 State Com									
PROPOSALS.) 1. Type of Well: Oil Well	8. Well Number	7711								
2. Name of Operator	Gas Well Other		32H 9. OGRID Number							
COG Operating LLC			229137							
3. Address of Operator			10. Pool name or Wildcat							
2208 W. Main Street, Artesia,	NM 88210		Purple Sage-Wolfcamp Gas							
4. Well Location										
Unit Letter M :	190' feet from the South		feet from the	West line						
Section 21	Township 25S Rang		······································	Eddy County						
	11. Elevation (Show whether DR, 2990.1									
The property of the state of th	2990.1	<u>UL</u>								
12. Check Appropriate Box to	Indicate Nature of Notice, Re	port or Other Da	ıta							
NOTICE OF IN	ITENITION TO	Cum	CECUENT DE	NOT OF:						
NOTICE OF IN PERFORM REMEDIAL WORK	SEQUENT REF	ALTERING CASING								
TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK COMMENCE DRI		P AND A						
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		•						
DOWNHOLE COMMINGLE		***************************************								
OTHER: Formation Chan	ge	OTHER:								
13. Describe proposed or completed	operations (Clearly state all pertir	ent details and give	e pertinent dates inc	luding estimated date of						
	EE RULE 19.15.7.14 NMAC. For I									
completion or recompletion.										
COG Operating LLC respectfully re	quests approval for the following fo	rmation changes to	the above reference	ł well.						
From: WC-015 G-06 S262805O;	UPR Wolfcamp [98195]									
To: Purple Sage-Wolfcamp Ga	c [98220]									
mpre bage in onvamip On	n fe sweet									
<u></u>										
Spud Date:	Rig Release Da	ite:								
		<u>L</u>								
I hereby certify that the information	above is true and complete to the bo	est of my knowledge	e and belief.							
SIGNATURE AWAMAN H	ller title: <u>La</u>	nd Technician	DATE	E: <u>3/7/2017</u>						
Type or print name: Savannah										
Type or print name: Savannah Haller E-mail address: shaller@concho.com PHONE: (575) 748-6942 For State Use Only										
APPROVED BY	Sharp TITLE St	all Mar	DAT	re 3-14-17						
Conditions of Approval (if any):		70''J'		**************************************						