

Submit 3 Copies 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  
June 19, 2008

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-37260 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG OPERATING LLC ✓		6. State Oil & Gas Lease No.
3. Address of Operator 550 W TEXAS, STE 1300 MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name Eggs State ✓
4. Well Location Unit Letter <u>B</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>1650</u> feet from the <u>EAST</u> line ✓ Section <u>8</u> Township <u>25S</u> Range <u>30E</u> NMPM <u>EDDY</u> County		8. Well Number <u>1H</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3212' GR		9. OGRID Number 229137
		10. Pool name or Wildcat WC; Bone Spring

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

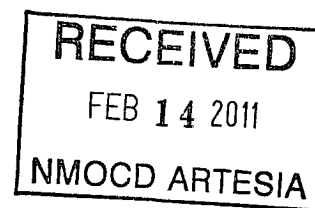
OTHER: CHANGE NAME ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

COG OPERATING LLC RESPECTFULLY REQUESTS TO CHG THE NAME OF THIS WELL:

FROM: EGGS STATE #1  
TO: EGGS STATE #1H



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

SIGNATURE Debora L Wilbourn TITLE OPERATIONS ASSISTANT DATE 02/11/11  
02/11/10 Type or print name DEBORA L WILBOURN E-mail address: dwilbourn@conchoresources.com  
PHONE: 575-748-6958

For State Use Only

APPROVED BY: Donald Gray TITLE Field Supervisor DATE 2-15-11  
Conditions of Approval (if any):

MS