| Submit 1 Copy To Appropriate District Office   | State of New Mexico   | Form C-103                               |
|--|---|--|
| District I   | Energy, Minerals and Natural Resources  | October 13, 2009                         |
| 1625 N. French Dr , Hobbs, NM 88240  |   | WELL API NO.                             |
| District II<br>1301 W Grand Ave., Artesia, NM 88210  | OIL CONSERVATION DIVISION   | 30-015-37416                             |
| District III   | 1220 South St. Francis Dr.  | 5. Indicate Type of Lease                |
| 1000 Rio Brazos Rd, Aztec, NM 87410  | Santa Fe, NM 87505  | STATE S FEE 6. State Oil & Gas Lease No. |
| <u>District IV</u><br>1220 S St. Francis Dr., Santa Fe, NM   | Santa 1 c, 14141 67303  | 6. State Oil & Gas Lease No.             |
| 87505  |   |  |
|  | ICES AND REPORTS ON WELLS   | 7. Lease Name or Unit Agreement Name     |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |   | MYOX 21 State Com                        |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)   |   | 8. Well Number                           |
| 1. Type of Well: Oil Well  Gas Well  Other   |   | 9H                                       |
| 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,   | NIM 99210   | Red Bluff; Bone Spring                   |
|  | 11111 88210   | Red Bluff, Boile Spring                  |
| 4. Well Location   |   |  |
| Unit LetterM :660   feet from theSouth   line and330   feet from theWest   line  |   |  |
| Section 21   | Township 25S Range 2  | 28E NMPM Eddy County                     |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |   |  |
| 2998' GR   |   |  |
| or Cl. 1 A consolida D. ( I. I. ( N. ( ) Demontor Other D. (   |   |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |   |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |   |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING   |   |  |
|  | <del>_</del>  |  |
|  |   |  |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE  | _   | MENT JOB                                 |
|  |   |  |
| OTHER:   | OTHER:  | Name Change                              |
| 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 respectfully reques  | ts approval for the following name change:  |  |
| COG Operating respectfully requests approval for the following name change:  |   |  |
| From Mayor 21 October 4014 Acaderta code   |   |  |
| From: MYOX 21 State #9H To: MYOX 21 State Com #9H  Effective: 11/17/09  PARTESIA  NMOCD ARTESIA  |   |  |
| To: MYOX 21 State Com #9H  | ¥395ZI  | HEO 2011                                 |
|  |   | 1 11 13 5011                             |
| Effective: 11/17/09  |   | , DTESIA                                 |
| 1109   |   | WAOCD ARTE                               |
| 12/15/09   |   | NIVIOS                                   |
| 10/201   |   |  |
|  |   |  |
| Spud Date: 4/12/1  | Rig Release Date:   | 5/5/11                                   |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |   |  |
| SIGNATURE TITLE: Regulatory Analyst DATE: 7/12/11  |   |  |
|  |   |  |
| Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946   |   |  |
| For State Use Only   |   |  |
|  |   |  |
| APPROVED BY: Outles,   | Many IIITE 14619 JOHN   | A V C OI DATE 1-13-11                    |
| Conditions of Approval (if any):   |   |  |