Submit 3 Copies To Appropriate Distriction	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N. French Dr , Hobbs, NM 88240 District II		30-015- 32504
1301 W. Grand Ave, Artesia, NM 882		5. Indicate Type of Lease FEDERAL
District III	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 8741 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	·	Dodd Federal Unit
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 92
2. Name of Operator		9. OGRID Number
COG Operating LLC  3. Address of Operator		229137  10. Pool name or Wildcat
-	s Ave., Suite 100 Midland, TX 79701	Grayburg Jackson;SR-Q-G-SA 28509
4. Well Location		
Unit Letter <u>0</u> : <u>3</u>	feet from the South line and 150 feet from	the East line
Section 22		Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
在1000000000000000000000000000000000000	505   GR	The state of the s
12. Che	ck Appropriate Box to Indicate Nature of Notice	, Report or Other Data
		•
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	· · · ·	_
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING	☐ MULTIPLE COMPL ☐ CASING/CEME	NI JOB 🔲
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	Pool Change
	completed operations. (Clearly state all pertinent details, a	
	ed work). SEE RULE 1103. For Multiple Completions: A	
or recompletion.	work), obb robb rrob. For historic completions. I	main wentere diagram of proposed complete
1		
COC Operating LLC vo	spectfully request to have this well's peel she	nged from the Creybung IndianniCD
	spectfully request to have this well's pool cha	
Q-G-SA (28509) to 1	the Dodd-Glorieta-Upper Yeso (97917) in acc	ordance with Order # R-10067-E.
		DECENTED
		RECEIVED
		JUN <b>2 5</b> 2012
F	· · · · · · · · · · · · · · · · · · ·	NMOCD ARTESIA
Spud Date:	Rig Release Date:	
I hereby certify that the informa	ation above is true and complete to the best of my knowled	lge and belief.
SIGNATURE C	TITLE Lead Regulatory A	nalystDATE <u>6/08/12</u>
Type or print name Kanici	a Castillo E-mail address: kcastillo@concho.co	om PHONE: 432-685-4332
For State Use Only		
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ADDDOLUED DAY	all mits	en of ladis
APPROVED BY:	DOL TITLE 1945	DATE Ob Jagle
APPROVED BY: Conditions of Approval (if any)		DATE OLO JASTA

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