			Copy -	
Submit I Copy To Appropriate District	State of New Me	xico	1	Form C-103
Office District 1	Energy, Minerals and Natural Resources		~	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-41038	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District_IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM			Bruse ris.	
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7 Lunas Nama an	Linit A many mant blamma
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Bultaco State	
PROPOSALS.)   1. Type of Well: Oil Well   Sas Well   Other			8. Well Number	
2. Name of Operator			IH 9. OGRID Number	
COG Operating LLC			229137	
3. Address of Operator			10. Pool name or Wildcat	
2208 W. Main Street, Artesia, NM 88210			Livingston Ridge; Bone Spring	
4. Well Location			1	
Unit Letter P :	feet from the South	line and 33	0 feet from the	East line
Section 36		Range 31E	NMPM	Eddy County
	11. Elevation (Show whether DR,	<u></u>		Dudy County
3488.2'				
completion or recompletion. COG Operating LLC respectfully re-	TENTION TO:   PLUG AND ABANDON   CHANGE PLANS   MULTIPLE COMPL   operations.   (Clearly state all pertine   ERULE 19.15.7.14 NMAC.   quests approval for the following characteristic	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN OTHER: OTHER: hent details, and give Multiple Completion	SEQUENT REF K    / ILLING OPNS.      T JOB    c pertinent dates, inc ns: Attach wellbore al approved APD.	ALTERING CASING P AND A
Vertical Hole, Curve & Lateral Size - change from 7 7/8" to 8 3/4", and change cement volume to 2780 sx. Change DV tool depth to ~6200'. Change proposed TD to 14815'. Spud Date: Rig Release Date:				
•				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
MAL P				
TITLE DATE DATE				
Type or print name: <u>Mayte Reves</u> E-mail address: <u>mreves1@conchoresources.com</u> PHONE: <u>(575) 748-6945</u>				
For State Use Only				
APPROVED BY: 10/0101 TITLE GOODST DATE 8-4-14				
Conditions of Approval (if any):				