Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-37465
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STATE STATE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Honey Graham State Com
PROPOSALS.)	CATION FOR PERMIT," (FORM C-101) FOR SUCH	8. Well Number
1. Type of Well: Oil Well	Gas Well Other	1H
2. Name of Operator COG Operating LLC		9. OGRID Number 229137
		10. Pool name or Wildcat
3. Address of Operator 2208 W. Main Street, Artesia,	NM 88210	Hay Hollow; Bone Spring
4. Well Location		
Unit Letter D:	= 330 feet from the North line and	660 feet from theWest line
Section -29	Township 26S Range 28I	E NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 2999'	c.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	ITENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON		RILLING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEI	NT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:	OTHER:	Name Change
13. Describe proposed or completed starting any proposed work). S	operations. (Clearly state all pertinent details, and give RULE 19.15.7.14 NMAC. For Multiple Completion	
completion or recompletion.		POPULATION
		NM OIL CONSERVATION
COG Operating LLC respectfully re	equests the following name change:	ARTESIA
		NOV 0 6 2014
From: Honeygraham State #1H	111 (2011)	
To: Honey Graham State Com #.	IH (387/6)	RECEIVED
Effective: 5/6/10		
Spud Date: 6/16/10) Big Polong Data	7/11/10
Spud Date: 6/16/10	Rig Release Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Lhereby certify that the information	above is true and complete to the best of my knowled	dge and belief
Thereby certify that the information	boove is the und complete to the best of my knowled	ige and benef.
SIGNATURE SIGNATURE	TITLE: Regulatory Analysi	t DATE: 11/4/14
Type or print name: Stormi Da	vis E-mail address: <u>sdavis@conc</u>	horesources.com PHONE: (575) 748-6946
For State Use Only		
APPROVED BY:	TITLE WASTER	region 11/2/6/2014
DATE	IIILE ·· C+ C·	
Conditions of Approval (if any):		