Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-42880
District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE S FEE
<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	·
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C-101) FOR SUCH	CCAP State Com
PROPOSALS.)		
1. Type of Well: Oil Well	Gas Well Other	8. Well Number
2)/	 	6H
2. Name of Operator		9. OGRID Number
COG Operating LLC		229137
3. Address of Operator	ATM 00010	10. Pool name or Wildcat
2208 W. Main Street, Artesia,	NM 88210	Wildcat; Bone Spring
4. Well Location		
Unit Letter H :	1650 feet from theNorth line and	330 feet from the <u>East</u> line
Section 16	Township 22S Range 27E	NMPM Eddy County
Section	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3102' GR	
	3102 GR	<u> </u>
PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE OTHER: 13. Describe proposed or compof starting any proposed we proposed completion or recomposed completion or recomposed with the second starting and proposed we proposed completion or recomposed completion or recomposed with the second starting and proposed with the second starting and proposed with the second starting and proposed completion or recomposed completion or recomposed starting and proposed starting and	PLUG AND ABANDON	ILLING OPNS. PAND A TJOB Sill Frac Plugs & Set Tubing Set Set Tubing Set Tubing Set
		RECEIVED
4/12/16		61411.5
Spud Date: 4/13/15	Rig Release Date:	5/4/15
I hereby certify that the information	above is true and complete to the best of my knowledg	e and belief.
0	λ	
SIGNATURE	TITLE: Regulatory Analyst	DATE:3/16/16
1000	9	
Type or print name:Stormi Da	vis E-mail address: <u>sdavis@conche</u>	o.com PHONE: (575) 748-6946
For State Use Only	Ala Andre Andre Andre Andre	Alu - de 11
APPROVED BY: (Many):	18 hays TITLE Mus Up Opec.	Adu DATE 4-15-16