Submit 1 Copy To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd , Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
October 13, 2009

WELL API NO.	30-015-36393
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒   Gas Well ☐   Other

2. Name of Operator
   COG Operating LLC

3. Address of Operator
   2208 W. Main Street, Artesia, NM 88210

7. Lease Name or Unit Agreement Name
   Hurl State

8. Well Number
   1

9. OGRID Number
   229137

10. Pool name or Wildcat
    Loco Hills; Bone Spring, East

4. Well Location

Unit Letter ___A___ : ___660___ feet from the __North__ line and __660__ feet from the __East__ line

Section __16__   Township __18S__   Range __30E__   NMPM   Eddy   County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3467' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐   CHANGE PLANS ☐
PULL OR ALTER CASING ☐   MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☒ Name Change

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐
COMMENCE DRILLING OPNS.☐   P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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 LLC respectfully requests approval for the following name change to the above referenced well.

From: Hurl State Com 1   *308050*
To: Hurl State 1   *317443*

e/h 10-23-2013

C102 Attached.

Spud Date: [   ]   Rig Release Date: [   ]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Mayte Reyes_   TITLE: __Regulatory Analyst__   DATE: __2/1/2017__

Type or print name: ___Mayte Reyes___   E-mail address: mreyes1@conchoresources.com   PHONE: (575) 748-6945

For State Use Only

APPROVED BY: _Karen Sharp_   TITLE _Staff Mgr_   DATE _3-7-17_
Conditions of Approval (if any):

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102
Revised August 1,
2011

Submit one copy to appropriate
District Office

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code	³ Pool Name		
30-015-36393	39513	Loco Hills; Bone Spring, East		

⁴ Property Code	⁵ Property Name	⁶ Well Number
308050	Hurl State	1

⁷ OGRID No.	⁸ Operator Name	⁹ Elevation
229137	COG Operating LLC	3467' GR

¹⁰ Surface Location
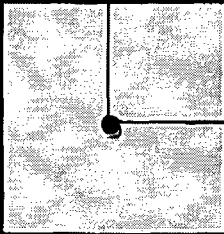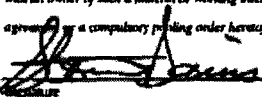
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	16	18S	30E		660	North	660	East	Eddy

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
40			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

16			

¹⁷ OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

2/2/17

Signature   Date

Stormi Davis

Printed Name

sdavis@concho.com

E-mail Address

¹⁸ SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey

Signature and Seal of Professional Surveyor:

REFER TO ORIGINAL PLAT

Certificate Number