District 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax. (575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone (575) 748-1283 Fax: (575) 748-9720 District.III 1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax. (505) 334-6170 DISTORT IY 1220 S St Francis Dr., Santa Fe, NM 87505 Phone. (505) 476-3469 Fax. (505) 476-3462

## State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION OIL CONSERVATION to appropriate

Revised August 1, 2011

Form C-102

1220 South St. Francis Dr.

ARTESTA LI SIRICI

District Office

Santa Fe, NM 87505

MAR 0 3 2017

MENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-33403				* Pool Code 98220	D. I. C WHarman Con					
Property Code 308253				' Property Name Ruthie Fee					Well Number  1 * Elevation	
<sup>†</sup> OGRID No. 229137			Operator Name COG Operating LLC							
	l.				10 Surface	Location				
UL or lot no.	Section 10	Township 22S	27E	Lot Idn	Feet from the 1026	North/South line South	Feet from the	East/West li West	County Eddy	
			11 Bo	ttom Ho	e Location I	f Different Fro	m Surface			
UL or lot no.	Section	Townshi	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West li	ne County	
Dedicated Acres	<sup>1)</sup> Joint o	r innu '	* Consolidation	Code II Or	rder No.					

division.

16	17 OPERATOR CERTIFICATION
10	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 costs a working
	interest or unlessed mineral interest in the land including the proposed buttom
	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 pushing
	agramment or a samegalum; profing order hereufure entered by the division.
	Signature Date
	Signature
	Savannah Haller
	Printed Name
	shaller@concho.com
	E-mail Address
	"SURVEYOR CERTIFICATION
	I hereby certify that the well location shown on this plat was
	piotted from field notes of actual surveys made by me or under
	1
	my supervision, and that the same is true and correct to the
* *	best of my belief.
	Date of Survey
660'	Signature and Scal of Professional Surveyor:
	REFER TO ORIGINAL PLAT
282	
	Centificate Number
2 / 1 / 2 / 3	

Submit I Copy To Appropriate District	State of New Me	xico	Form C-103
Office District I	Energy, Minerals and Natu	ral 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	30-015-33403
District III	1220 South St. Fran	icis Dr.	5. Indicate Type of Lease  STATE ☐ FEE ☒
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87	505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	,		
87505	CEC AND REPORTS ON WELLS		7. Lease Name on Heis American Name
(DO NOT USE THIS FORM FOR PROPOS	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PL		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC			Ruthie Fee
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well 🛛 Other		8. Well Number
1	Gas well 🔯 Other		9. OGRID Number
2. Name of Operator COG Operating LLC			229137
3. Address of Operator			10. Pool name or Wildcat
2208 W. Main Street, Artesia, N	NM 88210		Purple Sage-Wolfcamp Gas
4. Well Location			
Unit Letter M:	1026' feet from theSout	h line and 66	0' feet from the West line
	Township 22S Rang	e 27E	NMPM Eddy County
	11. Elevation (Show whether DR,		
	3080	GL	
	T I A NI A CNI A TO		<b>4</b>
12. Check Appropriate Box to	Indicate Nature of Notice, Re	port or Other Da	ta
NOTICE OF IN	TENTION TO:	SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK □	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB
DOWNHOLE COMMINGLE		School Control	
OTHER:	<b>je</b>	OTHER:	
			pertinent dates, including estimated date of
	EE RULE 19.15.7.14 NMAC. For	Multiple Completion	s: Attach wellbore diagram of proposed
completion or recompletion.			
0000 4 110 454			d to the constant
COG Operating LLC respectfully rec	quests approval for the following for	rmation changes to	the above referenced well.
From: Carlsbad Wolfcamp East (C	ine) [74160]		
Tioni. Cansoad Wondarip East (C	ias) [74100]		
To: Purple Sage-Wolfcamp Gas	[98220]		
		<u> </u>	
Spud Date:	Rig Release Da	ite:	
·			
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief.
	•		
SIGNATURE MIMM HULL	X TITLE: La	nd Technician	DATE: <u>3/1/2017</u>
Type or print name: Savannah I	Haller E-mail address: sl	naller@concho.com	PHONE: (575) 748-6942
For State Use Only	- Section 1997	entermination to the state of t	The state of the s
APPROVED BY:	TITLE		DATE
Conditions of Approval (if any):	L R L Lake		