

Þ

-			
Submit I Copy To Appropriate District	State of New Mexico	Form C-103	
Office District I	Energy, Minerals and Natural Resources	October 13, 2009	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
District II	OIL CONSERVATION DIVISION	30-015-41210	
1301 W. Grand Ave., Artesia, NM 88210		5. Indicate Type of Lease	
District III 1000 Río Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE 🗌 FEE 🛛	
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTIC	7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSA	Commentered For "A"		
DIFFERENT RESERVOIR. USE "APPLICA	Copperhead Fee "A" 8. Well Number		
PROPOSALS.) 1. Type of Well: Oil Well 🛛 G			
		<u>4H</u>	
2. Name of Operator		9. OGRID Number	
COG Operating LLC		217955	
3. Address of Operator		10. Pool name or Wildcat	
2208 W. Main Street, Artesia, NM 88210		Purple Sage-Wolfcamp Gas	
4. Well Location			
Unit Letter Lot 3 :		965' feet from the <u>West</u> line	
Section 31	Township 26S Range 29E	NMPM Eddy County	
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 2914.0' GL	) Selfer and a second prior of the second se	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK 🔲 PLUG AND ABANDON 📋	REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲	COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING  MULTIPLE COMPL	CASING/CEMENT JOB		
OTHER: I Formation Change	OTHER:		

 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 formation changes to the above referenced well.

From: WC-015 G-04 S262931H; UPR Wolfcamp [98190]

To: Purple Sage-Wolfcamp Gas [98220]

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE JANAMA Haller	TITLE: <u>Land Technician</u>	DATE:	3/10/2017			
Type or print name: <u>Savannah Haller</u>	E-mail address: shaller@concho.com PHONE:	(575) 748	-6942			
For State Use Only						
APPROVED BY: Saven May Conditions of Approval (if any):	TITLE Staff Mar	DATE_	3-14-17			
Conditions of Approval (if any):	VO = O		(			