Submit 1 Copy To Appropriate District	t State of New Mexico		Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-42906
$\frac{D150100011}{811} = (373) 743 - 1283$ 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease FEDERAL
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410		St. Francis Dr.	STATE FEE
District IV - (505) 476-3460	Santa Fe	, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name			
(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		Branex-COG Federal Com	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🔲 Other	11114	8. Well Number
		ARTESIA DISTRICT	
2. Name of Operator	COG Operating, LLC	APR 1 2 2017	9. OGRID Number 229137
	One Concho Center		10. Pool name or Wildcat
	600 W. Illinois Ave.		Maljamar, Yeso, West 44500
	Midland, TX 79701	RECEIVED	
4. Well Location			
Unit Letter <u>L</u> :			<b>50</b> feet from the <u>West</u> line
Section 9	Township 17S	Range 32E	NMPM Lea County
	11. Elevation (Show whe	ether DR, RKB, RT, GR, etc. 4067	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	_		
TEMPORARILY ABANDON			
PULL OR ALTER CASING			
	]		-
OTHER:			Completion X
	pleted operations. (Clearly		Completion d 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 to move this well from property code 39558 to property code 39744, effective immediately.			
This well is under a com agreement.			
	1		
eff 9-4-1	le		
00			
Spud Date:	Rig R	elease Date:	
Space Dave.			
I hereby certify that the informatio	n above is true and complete	e to the best of my knowledg	e and belief.
SIGNATURE	TITL	E Lead Regulatory Ana	<u>lyst</u> DATE <u>4/12/17</u>
Type or print name <u>Kanicia Castillo</u> E-mail address: <u>kcastillo@concho.com</u> PHONE: <u>432-685-4332</u>			
For State Use Only			
APPROVED BY: Auren Sharp TITLE Staff Mar DATE 4-12-17			
Conditions of Approval (if any):			