

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

Form C-103  
 October 13, 2009

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

WELL API NO.	30-015-44005
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Myox 21 State Com
8. Well Number	35H
9. OGRID Number	229137
10. Pool name or Wildcat	Purple Sage; Wolfcamp

**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

4. Well Location  
 Unit Letter N : 200 feet from the South line and 1679 feet from the West line  
 Section 21 Township 25S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 2977.6

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> BHL & Pool Change		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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 changes to the original approved APD..

POOL From: WC-05 G-06 S26280500; UPR Wolfcamp 98195  
 To: Purple Sage; Wolfcamp 98220

BHL From: 200' FNL & 1914' FWL Section 16, T25S, R28E  
 To: 200' FNL & 1650' FWL Section 16, T25S, R28E  
 C102 attached.

**NM OIL CONSERVATION**  
 ARTESIA DISTRICT

AUG 11 2017

RECEIVED

DRILLING CHANGES: Operator will drill to TD at 19,680' MD.

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: 8/10/2017  
 Type or print name: Mayte Reyes E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945

APPROVED BY: Raymond D. Bullock TITLE Geologist DATE 8-11-17  
 Conditions of Approval (if any):

District I  
625 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) 748-9722

District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

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 <b>30-015-44005</b>		2 Pool Code <b>98220</b>		3 Pool Name <b>Purple Sage; Wolfcamp</b>	
4 Property Code <b>38521</b>		5 Property Name <b>MYOX 21 STATE COM</b>			6 Well Number <b>35H</b>
7 OGRID No. <b>229137</b>		8 Operator Name <b>COG OPERATING, LLC.</b>			9 Elevation <b>2977.6</b>

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
N	21	25 S	28 E		200	SOUTH	1679	WEST	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
C	16	25 S	28 E		200	NORTH	1650	WEST	EDDY

12 Dedicated Acres <b>640</b>	13 Joint or Infill	14 Consolidation Code	15 Order No.
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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.

**BOTTOM OF HOLE**  
200' FWL, 1650' FWL  
LAT. = 32.1368121 N  
LONG. = 104.0956515 W  
NMSP EAST (FT)  
N = 413589.13  
E = 614906.32

**LAST TAKE POINT**  
330' FWL, 1650' FWL  
LAT. = 32.1364549 N  
LONG. = 104.0956486 W

**MYOX 21 STATE COM 35H**  
ELEV. = 2977.6'  
LAT. = 32.1086969 N (NAD83)  
LONG. = 104.0953397 W  
NMSP EAST (FT)  
N = 403381.69  
E = 615025.61

**FIRST TAKE POINT**  
330' FWL, 1650' FWL  
LAT. = 32.1090536 N  
LONG. = 104.0954361 W  
GRID AZ. TO FTP  
N63 51' 54"E

**11 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 is a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.*

*Mayte Reyes* 8-10-17  
Signature Date

**Mayte Reyes**  
Printed Name

**mreyes1@concho.com**  
E-mail Address

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**12 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.*

JUNE 8, 2017  
Date of Survey

**WILMON F. JARAMILLO**  
12797  
Signature and Seal of Professional Surveyor

Certificate Number: **WILMON F. JARAMILLO, PLS 12797**  
SURVEY NO 4891D