

Submit 3 Copies 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  
June 19, 2008

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-37142
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating		6. State Oil & Gas Lease No.
3. Address of Operator 2208 W. Main Artesia, NM 88210		7. Lease Name or Unit Agreement Name SRO State Unit
4. Well Location Unit Letter <u>M</u> 330 feet from the <u>South</u> line and <u>430</u> feet from the <u>West</u> line Section <u>33</u> Township <u>25S</u> Range <u>28E</u> NMPM County <u>Eddy</u>		8. Well Number <u>009H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2995' GR		9. OGRID Number <del>14049</del> <u>229137</u>
		10. Pool name or Wildcat Delaware River; Bone Spring

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

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

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

COG Operating respectfully requests approval for the following name change: 229137

From SRO State Unit Com #009

To: SRO State Unit #009H

Effective: 6/26/2009

10-27-10

OPER. OGRID NO. 229137  
PROPERTY NO. 308169  
POOL CODE 16800  
EFF. DATE 10-27-10  
API NO. 30-015-37142



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 Kanda Robinson TITLE Land Department DATE 1/7/2011

Type or print name Kanda Robinson E-mail address: reception@marbob.com PHONE: 575-748-3303 For State Use Only

APPROVED BY: Jacqueline R TITLE Geologist DATE 1/12/2011

Conditions of Approval (if any):