Submit 1 Copy To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave, Artesia, NM 88240 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St Francis Dr., Santa Fel AN 1 1 201 87505	Santa Fe. N	d Natural Re TION DIV t. Francis D	ISION	5. Indicate Type	K F	EE		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR RECEIVED TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				7. Lease Name or Unit Agreement Name King Cobra 2 State				
PROPOSALS) 1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other				8. Well Number				
2. Name of Operator COG Operating LLC					229137			
3. Address of Operator 2208 W. Main Street, Artesia, NM 8	10. Pool name or Wildcat Scharb; Bone Spring							
4. Well Location Unit Letter <u>A</u> : <u>N</u> Section 2 To	you feet from the	North Range	line and 34E_	450 Ho heet from NMPM	the Lea	East Count	line• y	
11.	Elevation (Show wheth	<i>her DR, RKB,</i> 3969.3' GR	RT, GR, etc.)					
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				
DOWNHOLE COMMINGLE							
OTHER: Change to original APD	· · ·		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 request approval for the following change to the original APD.

From:	330' FNL & 330' FEL 330' FSL & 380' FEL	SHL BHL				x			
То:	460' FNL & 460' FEL 460' FSL & 510' FEL	SHL BHL							
Spud Da	ate:]	Rig Releas	e Date:					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
SIGNA	TURE May	r Rege	TITLE: _	Regulate	ory Analyst		DATE:	1/09/20	<u>)12</u>
Type or	print name: <u>Mayte Re</u>	eyes	E-mail address: mreyes1@conchoresources.com PHONE:(575) 748-6945						
<u>For Sta</u>	te Use Only	6/		DETRIN	ium enemices	2		LANI 1	© 2∩12
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