Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	Revised August 1, 2011 WELL API NO.
District II – (575) 748-1283 OIL CONSERVATION DIVISION	30-025-40130
1000 G . 1 G. F	5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd , Aztec, NM 87410 District IV - (505) 476-3460 MAR 1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM 87505	o. State on & Gas Lease No.
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	Corazon State Unit
PROPOSALS.) 1. Type of Well: Oil Well ☑ Gas Well ☐ Other	8. Well Number
2. Name of Operator	9. OGRID Number
COG Operating LLC	229137
3. Address of Operator	10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210	Wildcat G-08 S213304D; Bone Spring
4. Well Location	220 See See See West West
Unit Letter: 330 feet from the North line and Section 4 Township 21S Range 33E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3755' GR	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
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NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
	ILLING OPNS. P AND A
PULL OR ALTER CASING	_
DOWNHOLE COMMINGLE	
OTHER: OTHER: I	Name Change
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co proposed completion or recompletion.	mpletions: Attach wellbore diagram of
OPER. OGRII	NO. 229137
COG Operating LLC respectfully requests the following name change: PROPERTY N	10.3860 L
POOL COOK	
From: Corazon State Unit 4 #4H To: Corazon State Unit #4H EFF. DATE	
ADIAIO 30	25-40130
Effective: 4/29/11	
Spud Date: Rig Release Date:	
opud Bate.	
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.
SIGNATURE TITLE: Regulatory Analyst	DATE: <u>2/28/12</u>
Type or print name: Stormi Davis E-mail address: sdavis@conch	o.com PHONE: (575) 748-6946
For State Use Only	
APPROVED BY: TITLE	DATE MAR 0 5 2012
Conditions of Approval (at any):	
	4
	MAR 0 5 2012