Submit I Copy To Appropriate District Office <u>District I</u>	State of New Mexico RECEIVED Energy, Minerals and Natural Resources			Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025 5. Indicate Type of L STATE	5-39883 .ease FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas L	
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.)			7. Lease Name or Ur Macho N 8. Well Number	nit Agreement Name acho State
1. Type of Well: Oil Well Gas Well Other			2H	
2. Name of Operator COG Production LLC				7955
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210			10. Pool name or Wi Triple X; Bor	ne Spring, West
4. Well Location Unit Letter E: 2260 feet from the North line and 330 feet from the East line Section 7 Township 24S Range 33E NMPM Lea County				
Section 7 Township 24S Range 33E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3607'				
12. Check Appropriate Box to	Indicate Nature of Notice, Rep	port or Other Da	ta	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB CASING/				
OTHER: Change of Operator		OTHER:		
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 Production LLC will like to request a change of operator for the above referenced well. OPER. OGRID NO. 211955 PROPERTY NO. 39456				
From: COG Operating LLC POOL CODE 96674				
To: COG Production LLC	·	_	EFF. DATE O	
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 TO SIGNATURE TITLE: Regulatory Analyst DATE: 9/20/2012				
Type or print name: Mayte Reyes E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945 For State Use Only				
APPROVED BY: Conditions of Approvat (if any): DATE - 20 - 2012				