HOBBS OCD

SEP 2 0 2012

Submit I Copy To Appropriate District Office	State of New Me	xico	_	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natu	DWELL API NO.	October 13, 2009	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-406	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE	FEE 🗆
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease	
1220 S. St. Francis Dr., Santa Fe, NM 87505			_	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit A	greement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Queso Sta	te
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other		8. Well Number	
2. Name of Operator			9. OGRID Number	
COG Production LLC			217955	
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210			10. Pool name or Wildcat Triste Draw; Bor	/
4. Well Location				
Unit Letter O	: 180 feet from the South		260 feet from the	East line
Section 36	Township 23S 1 11. Elevation (Show whether DR,	Range 32E	NMPM Lea	County
3651'				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
	·	•		OE:
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	L JOB	
DOWNHOLE COMMINGLE				
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.				
OPER. OGRID NO.217 955				
COG Production LLC will like to request a change of operator for the above referenced well. PROPERTY NO. 39455				
From: COG Operating LLC			POOL CODE 96	603
To: COG Production LLC EFF. DATE 07-18-20/2				
is. Coorredant abo			API NO. 30-02	
				2 70000
Spud Date:	Rig Release Da	ite:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
t hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE / // CLSS TITLE: Regulatory Analyst DATE: 9/20/2012				
Type or print name: Mayte Reves E-mail address: mreves1@conchoresources.com PHONE: (575) 748-6945				
For State Use Only				
APPROVED BY DATE 1-20-2017				
Conditions of Approval (if any):				
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