HOBBS OCD

SEP 2 0 2012

Submit I Copy To Appropriate District Office	State of New Mex	xico DECEN	<i>17</i> ≈ os.	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natur	ral Resources SEIV	WELL API NO.	October 13, 2009
District II 1301 W. Grand Avc., Artesia, NM 88210	OIL CONSERVATION	DIVISION	30-	025-40689
District III	1220 South St. Francis Dr.		5. Indicate Type of STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87	505	6. State Oil & Gas	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA		G BACK TO A	Qu	Unit Agreement Name
PROPOSALS.) 1. Type of Well: Oil Well G	ias Well 🔲 Other		8. Well Number	2H
Name of Operator COG Production LLC			9. OGRID Numbe	
3. Address of Operator 2208 W. Main Street, Artesia, NN	vi 88210		10. Pool name or Triste Dri	Wildcat aw; Bone Spring
4. Well Location				
Unit Letter P : 373 feet from the South line and 380 feet from the East line				
Section 36 Township 23S Range 32E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3638			
12. Check Appropriate Box to Ir	ndicate Nature of Notice, Rep	port or Other Dat	ta	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	JOB	
OTHER: Change of Operator		OTHER:		
13. Describe proposed or completed of	perations. (Clearly state all pertine	ent details, and give	pertinent dates, inc	luding estimated date of
starting any proposed work). SEE completion or recompletion.	RULE 19.15.7.14 NMAC. For N	Aultiple Completion		
			OPER. OGRID	20 11 m
COG Production LLC will like to requ	est a change of operator for the ab	ove referenced well	PROPERTY NO	0.01900
From: COG Operating LLC	•		POOL CODE_	
. •	!	1 	EFF. DATE O	1-18-2012
To: COG Production LLC		I	APINO. 301	025-406-69
				J
Spud Date:	Rig Release Dat	te:		
I hereby certify that the information ab-	ove is true and complete to the her	et of my knowledge	and haliaf	**************************************
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE 1 Case TITLE: Regulatory Analyst DATE: 9/20/2012				
Type or print name: Mayte Reyes E-mail address: mreyes 1@conchoresources.com PHONE: (575) 748-6945				
For State Use Only Approved By Approved By				
APPROVED BY DATE J-CO-CO Z Conditions of Approval (if any):				
/ (/				