

Submit 1 Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

HOBBS OCD

OCT 11 2012

RECEIVED

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
October 13, 2009

WELL API NO. 30-025-40794
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Ben Lilly 2 State Com
8. Well Number 2H
9. OGRID Number 229137
10. Pool name or Wildcat Berry; Bone Spring, North

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
COG Operating LLC

3. Address of Operator  
2208 W. Main Street, Artesia, NM 88210

4. Well Location

Unit Letter O : 330 feet from the South line and 1980 feet from the East line  
Section 2 Township 21S Range 33E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3808'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: Name Change  
☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

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 Operating LLC respectfully requests approval for the following name change.

From: Ben Lilly 2 State #3H

To: Ben Lilly 2 State Com #2H

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 Mayte Reyes TITLE: Regulatory Analyst DATE: 10/11/2012

Type or print name: Mayte Reyes E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945

For State Use Only

APPROVED BY: Maureen P. ... TITLE: Compliance Officer DATE: 10-12-2012

Conditions of Approval (if any):

OCT 15 2012