	WARRA	
Submit 1 Copy To Appropriate District Office State of New Mexic		
District I - (575) 393-6161 Effergy, Minerals and Natural	Resources Revised August 1, 2	.011
1625 N. French Dr., Hobbs, NM 88240	NOV 0 WELL-API NO. 30-025-40744	_
District II - (575) 748-1283 NUV 0 z QL CONSERVATION D	IVISION 5. Indicate Type of Lease	
<u>District III</u> - (505) 334-6178 1220 South St. Francis	S Dr. STATE FEE	1
1000 Rio Brazos Rd., Aztec, NM 87410, <u>District IV</u> - (505) 476-3460 <b>RECEIVES</b> Santa Fe, NM 8750	5 State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	-	- 1
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Nam	10
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG I		~
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR S		
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other	8. Well Number 10	
2. Name of Operator	9. OGRID Number	
COG Operating LLC	229137	
3. Address of Operator	10. Pool name or Wildcat	
One Concho Center - 600 W Illinois Ave Midland, TX 79701	Maljamar; Grayburg-San Andres 43	329
4. Well Location		
Unit Letter F : 2310 feet from the NORTH li	ne and1650feet from theWESTline	
	Range 33E NMPM County LEA	1
11. Elevation (Show whether DR, RI	KB, RT, GR, etc.)	2.17
4163°		
12. Check Appropriate Box to Indicate Natu	are of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
<u>=</u>	ASING/CEMENT JOB	
DOWNHOLE COMMINGLE		
	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 respectfully requests to change the TVD on this well:		
From: 4725'		
To: 6000°		
Spud Date: Rig Release Date:		
Spud Date: Rig Release Date:		
I hereby certify that the information above is true and complete to the best of	of my knowledge and belief	<del></del> -
1 / A S	or my knowledge and benef.	
SIGNATURETITLEPermitting Tech	DATE11/6/2012	
Type or print name Kelly J. Holly E-mail address: kholly@concho.com PHONE: 432.685.4384		
Type or print name Kelly J. Holly E-mail address: kholly@concho.com PHONE: 432-685-4384  For State Use Only		
APPROVED BY TITLE DIST. MGZ DATE 11-7-2012  Conditions of Approval (if any):		
	DAIE //-/	