

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

| | |
|---|---|
| WELL API NO. | 30-025-40954 |
| 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 | Corazon State Unit |
| 8. Well Number | 012H |
| 9. OGRID Number | 229137 |
| 10. Pool name or Wildcat | Wildcat G-08 S213304D; Bone Spring |

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 PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator **COG Operating LLC** JAN 07 2014

3. Address of Operator **600 W Illinois Ave., Midland, TX 79701** RECEIVED

4. Well Location
 Unit Letter **E** : **3300** feet from the **South** line and **50** feet from the **West** line
 Section **4** Township **21S** Range **33E** NMPM **Lea** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3753' GR

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

| | | | |
|--|---|--|--|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| OTHER: <input checked="" type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

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 SHL & BHL change to the original APD:

From: SHL: 3300' FSL & 50' FWL
 BHL: 3300' FSL & 330' FEL

To: SHL: 430' FNL & 2590 FEL *02 - 4 - 214 - 37e*
 BHL: 330' FSL & 1980' FEL *0 - 4 - 214 - 37e*

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 Melanie J. Parker TITLE Regulatory Coordinator DATE 01/07/2014

Type or print name Melanie J. Parker E-mail address: mparker@concho.com PHONE: 575-748-6940
 For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE JAN 13 2014
 Conditions of Approval (if any):

JAN 13 2014 *KE*