

DISTRICT I  
1825 N. FRENCH DR., HOBBS, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

DISTRICT II  
1301 W. GRAND AVENUE, ARTESIA, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III  
1000 RIO BRAZOS RD., AZTEC, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV  
11885 S. ST. FRANCIS DR., SANTA FE, NM 87505  
Phone: (505) 476-3480 Fax: (505) 476-3482

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
11885 SOUTH ST. FRANCIS DR.  
Santa Fe, New Mexico 87505

HOBBS OCD

MAR 14 2014

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate

RECEIVED

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025- <b>40252</b>	Pool Code 96434	Pool Name Red Hills; Bone Spring, North
Property Code 40252	Property Name PICASSO FEDERAL COM	Well Number 4H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3559.6

Surface Location

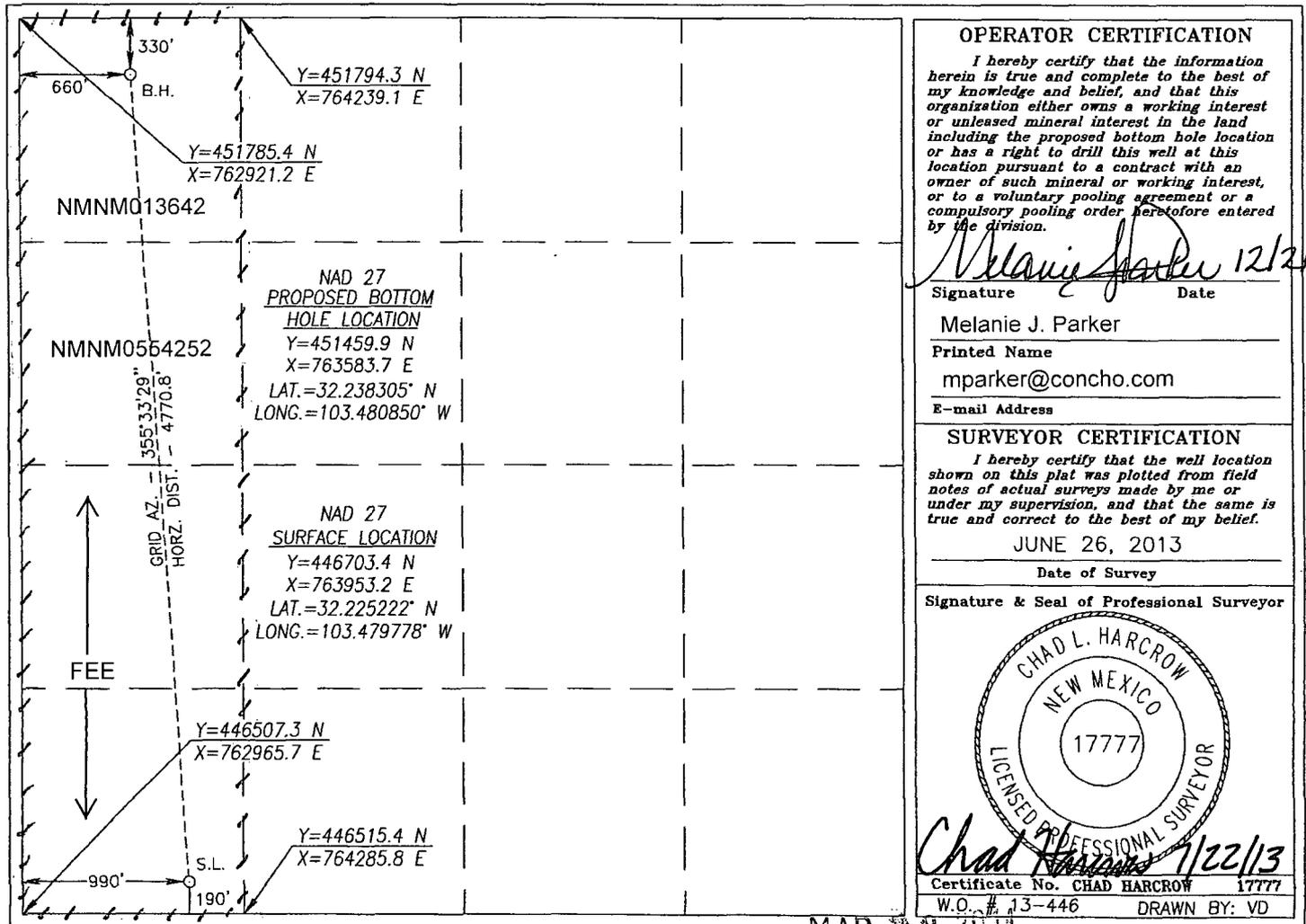
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	9	24-S	34-E		190	SOUTH	990	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	9	24-S	34-E		330	NORTH	660	WEST	LEA

Dedicated Acres 160	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



MAR 14 2014

*Surface Use Plan  
COG Operating LLC  
Picasso Federal Com #4H  
SL: 190' FSL & 990' FWL      UL D  
Section 9, T24S, R34E  
BHL: 330' FNL & 660' FWL      UL M  
Section 9, T24S, R34E  
Lea County, New Mexico*

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## OPERATOR CERTIFICATION

I hereby certify that I, or persons under my direct supervision, have inspected the drill site and access road proposed herein; that I am familiar with the conditions that presently exist; that I have full knowledge of State and Federal laws applicable to this operation; that the statements made in this APD package are, to the best of my knowledge, true and correct; and that the work associated with the operations proposed herein will be performed in conformity with this APD package and the terms and conditions under which it is approved. I also certify that I, or COG Operating, LLC, am responsible for the operations conducted under this application. These statements are subject to the provisions of 18 U.S.C. 1001 for the filing of false statements. Executed this 2<sup>nd</sup> day of December, 2013.

Signed: 

Printed Name: Melanie J. Parker  
Position: Regulatory Coordinator  
Address: 2208 W. Main Street, Artesia, NM 88210  
Telephone: (575) 748-6940  
Field Representative (if not above signatory): Rand French  
E-mail: [mparker@concho.com](mailto:mparker@concho.com)