

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. <b>30-025-41714</b>	
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 <b>Tomcat Fee</b>	
8. Well Number <b>001H</b>	
9. OGRID Number <b>229137</b>	
10. Pool name or Wildcat <b>Scharb; Bone Spring</b>	
4. Well Location Unit Letter <b>D</b> : <b>370</b> feet from the <b>North</b> line and <b>760</b> feet from the <b>West</b> line Section <b>8</b> Township <b>19S</b> Range <b>35E</b> NMPM <b>Lea</b> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3876' GR</b>	
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator <b>COG Operating LLC</b>	
3. Address of Operator <b>600 W Illinois Ave., Midland, TX 79701</b>	

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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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 to make changes to the approved APD as follows:

Vertical Hole, Curve & Lateral Size – change from 7 7/8" to 8 3/4" and change cement volume to 2770 sx

BOP – change from Annular Hydril 3000 psi to Double Ram Shaeffer 3000 psi

HOBBS OCD

AUG 01 2014

RECEIVED

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 Analyst DATE 07/24/2014

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 08/01/14  
 Conditions of Approval (if any):

AUG 01 2014