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

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.	30-025-42783

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name
Viking Helmet State Com

8. Well Number
2H

9. OGRID Number
229137

10. Pool name or Wildcat
WC-025 G-09 S243532M; Bone Spring

Unit Letter **B** :	**190**	feet from the	**North**	line and	**1980**	feet from the	**East** line
Section 32	Township 24S	Range 35E	NMPM		Lea County		

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3320.4' GR

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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:
☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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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 approval to change the target pool on this well to a Wildcat;Wolfbone pool, designated as the WC-025 G-09 S243532M;WOLFBONE [98098]

C102 attached.

HOBBS OCD
FEB 1 6 2016
RECEIVED

Spud Date: [blank]
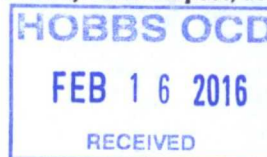
Rig Release Date: [blank]

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: 2/16/2016

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

For State Use Only

APPROVED BY: *[signature]*   TITLE Petroleum Engineer   DATE 02/17/16

Conditions of Approval (if any):