

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.	30-025-43022
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	Cabo Blanco State
8. Well Number	009H
9. OGRID Number	217955
10. Pool name or Wildcat	Triple X; Bone Spring, West
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3668' GR

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 Production LLC

3. Address of Operator
2208 W Main St., Artesia NM 82810

4. Well Location
 Unit Letter **A(Lot 1)** : **450** feet from the **North** line and **1165** feet from the **East** line
 Section **5** Township **24S** Range **33E** NMPM **Lea** County

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

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

BHL Change as follows:

From: 330' FSL & 1315' FEL
 To: 330' FSL & 1165' FEL



NFL APPLIED FOR CERT. MAIL 3/2/16

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Melanie J. Wilson* TITLE Regulatory Analyst DATE 03/02/2016

Type or print name Melanie J. Wilson E-mail address: mwilson@concho.com PHONE: 575-748-6952
 For State Use Only

APPROVED BY: *[Signature]* TITLE Petroleum Engineer DATE 03/02/16
 Conditions of Approval (if any):

MAR 03 2016