

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 July 18, 2013

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

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 <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Bobwhite 12 State Com
2. Name of Operator COG Operating LLC	8. Well Number 12H
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	9. OGRID Number 229137
4. Well Location Unit Letter <u>A</u> : <u>200</u> feet from the <u>North</u> line and <u>1300</u> feet from the <u>East</u> line Section <u>12</u> Township <u>21S</u> Range <u>33E</u> NMPM Lea County	10. Pool name or Wildcat Berry; Bone Spring, North
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3773' 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion Operations <input checked="" 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.

Please correct 2 7/8" tubing depth to 10,454 and correct packer depth to 10,250.

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 Amanda Avery TITLE: Regulatory Technician II DATE: 10/17/18

Type or print name: Amanda Avery E-mail address: aavery@concho.com PHONE: (575) 748-6962

For State Use Only

APPROVED BY Karen Sharp TITLE Staff Mgr DATE 10-17-18
 Conditions of Approval (if any):