

RECEIVED Energy

SEP 25 2011

87410
HOBBSON

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

WELL API NO. 30-025-39871	
5. Indicate Type of Lease STATE ☐ FEE ☒	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Taylor D	
8. Well Number	6
9. OGRID Number	229137
10. Pool name or Wildcat Maljamar; Yeso, West	
990' feet from the West line NMPM County LEA	

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
550 W. Texas Ave. Ste. 1300. Midland, Tx 79701

4. Well Location

Unit Letter E : 2470' feet from the North line and 990' feet from the West line
 Section 9 Township 17S Range 32E NMPM County LEA

11. Elevation (*Show whether DR, RKB, RT, GR, etc.*)
4137' GR

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: **Change Surface Casing Depth** ☒

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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.

This well was permitted with the setting depth of the surface casing at 800'.

COG Operating LLC respectfully requests to change the surface casing setting depth to be 650'.

All other components of the casing program will remain the same.

DENIED
UNITED STATES

PAUL KAUTZ (U) 11
-393-6161 EXT 104

logs for a well in WLF indicate
top of Roubidoux Anhydrite is ~~near~~
approximately 1000'

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 [Signature] TITLE Regulatory Analyst DATE 10-22-2010

Type or print name Robyn M. Odom E-mail address: rododm@conchoresources.com PHONE: 432-685-4385

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

OCT 26 2010