Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-39043 5. Indicate Type of Lease
District III – (505) 334-6178	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	, some standard of the standar
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	GJ West Coop Unit
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 283
2. Name of Operator		9. OGRID Number
COG Operating, LLC		229137
3. Address of Operator		10. Pool name or Wildcat 96210
·	600 W. Illinois Ave., Midland, TX 79701	Empire; Glorieta-Yeso
4. Well Location		
Unit Letter <u>I</u> :	<u>1650'</u> feet from the <u>South</u> line and <u>330'</u>	
Section 28	Township 17S Range 29E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3559' GR	
		D 01 D
12. Check 2	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL WOR	,
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DR	RILLING OPNS D P AND A
† PULL OR ALTER CASING $\qquad \Box$	MULTIPLE COMPL ☐ CASING/CEMEN	IT JOB .
DOWNHOLE COMMINGLE		
OTHER:	APD Extension	
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.		
5	lye,	
OG Operating LLC respectfully requests permission for a two year extension to this APD RECEIVED		
EXTENSION GRANTED. NEW scheduled to expire 5/16/2013.		
~/1/ h	INI	MAY 1 3 2013
EXPIRATION DATE 5/16/6	<u>01:</u> 7	
	× ·	NMOCD ARTES
•	•	
Spud Date:	Rig Release Date:	
		·
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
COLONATION LOON NO		DATE SHAME
SIGNATURE	TITLE Regulatory Analyst	DATE <u>5/10/13</u>
Type or print name Robyn M.	Odom E-mail address: Rodom@conch	no.com PHONE: (432) 685-4385
For State Use Only	2 0/ - Kodolinacolici	/ 11011b. <u>\452 005-4505</u>
- /, //	Uhmund Panlant	- Inhai
APPROVED BY: / / /	JI/Y/WEU TITLE OOO/OF/5/	DATE
Conditions of Approval (if any):		