

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

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

Form C-103
Revised August 1, 2011

WELL API NO. 30-015-39352	
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 Maple State	
8. Well Number 9	
9. OGRID Number 229137	
10. Pool name or Wildcat 96836 Red Lake; Glorieta-Yeso, Northeast	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3557' GR	

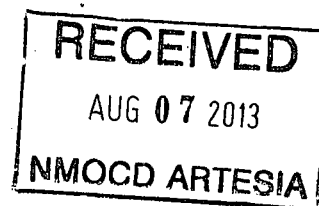
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input 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: APD Extension <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For M proposed completion or recompletion.

COG Operating LLC respectfully requests permission
(1) for a two year extension to this APD
scheduled to expire 8/26/2013.

Approved for 1 year Extension - Expires 8/26/2014



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

Robyn M. Odom

TITLE

Regulatory Analyst

DATE **8/05/13**

Type or print name

Robyn M. Odom

E-mail address:

Rodom@concho.com

PHONE:

(432) 685-4385

For State Use Only

APPROVED BY:

Art R. Spewis

TITLE

Art R. Spewis

DATE

8/7/13

Conditions of Approval (if any):

gn