| * Submit 1 Copy To Appropriate Dist  | State of New Mexico   | Form C-103 ·                                      |
|--|---|---|
| Office  District I – (575) 393-6161  | Energy, Minerals and Natural Resources  | Revised July 18, 2013                             |
| 1625 N. French Dr., Hobbs, NM 882<br>District II – (575) 748-1283  | 40  | WELL API NO.                                      |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION   | 30-015-39779  5. Indicate Type of Lease           |
| District III – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87   | 1220 South St. Francis Dr.  | STATE FEE S                                       |
| <u>District IV</u> – (505) 476-3460  | Santa Fe, NM 8/505  | 6. State Oil & Gas Lease No.                      |
| \$\frac{1}{220}\$ S. St. Francis Dr., Santa Fe, No. 87505  | M   | ·   |
| SUNDRY   | NOTICES AND REPORTS ON WELLS  | 7. Lease Name or Unit Agreement Name              |
|  | PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH |   |
| PROPOSALS.)  |   | Stonewall 9 Fee  8. Well Number 4H                |
|  | Gas Well Other  |   |
| 2. Name of Operator  | COG Operating LLC   | 9. OGRID Number 229137                            |
| 3. Address of Operator   | COG Operating LEC   | 10. Pool name or Wildcat                          |
|  | nter, 600 W. Illinois Ave., Midland, Tx 79701   | Atoka; Glorieta-Yeso 3250                         |
| 4. Well Location   |   |   |
| Unit Letter A  | : 150 feet from the North line and 9  | 990 feet from the <u>East</u> line                |
| Section S  | Township 19S Range 26E  | NMPM County EDDY                                  |
|  | 11. Elevation (Show whether DR, RKB, RT, GR, etc  |   |
| 3339' GR   |   |   |
|  |   | ,   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                   |   |   |
| NOTICE C   | F INTENTION TO: SUE   | SEQUENT REPORT OF:                                |
| PERFORM REMEDIAL WOR   | - · · · · · · · · · · · · · · · · · · ·   | - · · · · · · · · · · · · · · · · · · ·           |
| TEMPORARILY ABANDON  | ☐ CHANGE PLANS ☐ COMMENCE DR  | ILLING OPNS. □ P AND A □                          |
| PULL OR ALTER CASING   | ☐ MULTIPLE COMPL ☐ CASING/CEMEN   | IT JOB 🔲  |
| DOWNHOLE COMMINGLE   |   |   |
| CLOSED-LOOP SYSTEM   | ☐ APD Extension ☐ OTHER:  | _ :   |
|  | completed operations. (Clearly state all pertinent details, an                                  | ad 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.   |   |   |
|  |   |   |
| -<br> -<br> -  |   |   |
|  | COG Operating LLC respectfully requests   | · 'g  |
| a two year extension to this APD scheduled to expire 12/16/2013.   |   |   |
| scheduled to expire 12/16/2013.  |   |   |
| * #  |   | DEC 100   |
|  | Final Extension Approved ending   | 2013 j  |
| ,  |   | MMOCD ARTESIA                                     |
| · .  | 12-16-2014.   | THE SIA   |
| · · :  |   |   |
| Spud Date:   | Rig Release Date:   |   |
| <u> </u>   |   |   |
|  |   | <u> </u>  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.       |   |   |
|  |   |   |
| SIGNATURE ACCES  | TITLE Regulatory Analyst  | DATE 12/09/13                                     |
|  | · · · · · · · · · · · · · · · · · · ·   |   |
|  | <u>M. Odom</u> E-mail address: <u>Rodom@concl</u>   | no.com PHONE: 432-685-4385                        |
| For State Use Only   |   |   |
| APPROVED BY: 1. C. Shylord TITLE "Geologist" DATE 12-10-2013   |   |   |
| Conditions of Approval (if any):   |   |   |