Submit 1 Canu To Appropriate District	, " "
Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240	30-015-40262
OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE S
Bistrict IV = (505) 476-3460 Santa Fe, NIM 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	Falabella 31 Fee
1. Type of Well: Oil Well Gas Well Other	8. Well Number 2H
7 2. Name of Operator	9. OGRID Number
COG Operating LLC	229137
3. Address of Operator	10. Pool name or Wildcat
One Concho Center, 600 W. Illinois Ave., Midland, Tx 79701	Penasco Draw; SA-Yeso (Assoc) 50270
4. Well Location	
Unit Letter N : 150 feet from the South line and	1590 feet from the West line
Section 31 Township 18S Range 26E	NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3428' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING	T JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM APD Extension OTHER:	
OTHER: APD Extension OTHER: OT	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
(**). Part Part	· ·
COG Operating LLC respectfully requests a two year extension to this APD scheduled to expire 05/11/2014	
a two year extension to this APD scheduled to expire 05/11/2014.	
	MAY 02 2014
Approval For 1 year extension Expires 5-11-2015	
188	NMOCD ARTESIA
Exp(160 5-11-2013	MNOOD
Spud Date: Rig Release Date:	nyeer
Spud Date: Rig Release Date:	4
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Regulatory Analyst	DATE 05/01/2014
Togulatory Amaryst	, , ,
Type or print name Robyn M. Odom E-mail address: Rodom@concl	no.com PHONE: 432-685-4385
For State Use Only	
	co -/1/11
APPROVED BY: Spewi TITLE DOS REPORTED TO SPEWI	SO DATE 5/6/14
*Conditions of Approval (if any):	
Conditions of Approval (if any):	