| Submit 1 Copy To Appropriate District Office | State of New Mexico | | Form C-103 | |
|--|--|---------------|---|--|
| District I | Energy, Minerals and Natural Resources | | October 13, 2009 | |
| 1625 N. French Dr., Hobbs, NM 88240 District Il | | | WELL API NO. 30-015-41934 | |
| 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease | |
| <u>District J11</u> 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE STATE | |
| District IV | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | 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 | | | SRO State | |
| PROPOSALS.) | | | 8. Well Number | |
| 1. Type of Well: Oil Well 🛛 Gas Well 🗋 Other | | | 28H | |
| 2. Name of Operator | | | 9. OGRID Number | |
| COG Operating LLC | | | 229137 | |
| 3. Address of Operator 2208 W. Main Street, Artesia, NM 88210 | | | 10. Pool name or Wildcat Delaware River; Bone Spring | |
| 4. Well Location | | | | |
| Unit Letter D: 190 feet from the North line and 660 feet from the West line | | | | |
| Section 5 Township 26S Range 28E NMPM Eddy County | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| 3002' GR | | | | |
| 10. Charle Americate Den to Indiante Matters - EMetics, Den to a Other Data | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WORK | | | K ALTERING CASING | |
| TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRIL | | | | |
| PULL OR ALTER CASING | · · · · · · · · · · · · · · · · · · · | CASING/CEMENT | ГЈОВ | |
| | | | | |
| OTHER: 🛛 APD Extension | | 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. | | | |
| | | | | |
| COG Operating LLC respectfully requests approval for a χ' year extension on the above referenced APD. | | | | |
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| C102 attached. | | | | |
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| Spud Date: | Rig Release Da | ite. | | |
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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: DATE: | | | | |
| Type or print name: <u>Mayte Reyes</u> E-mail address: <u>mreyes1@conchoresources.com</u> PHONE: (575) 748-6945 | | | | |
| For State Use Only Λ Λ Λ Λ | | | | |
| APPROVED BY Stren Drang TITLE BUS AND HER- (14) DATE 11-17-16 | | | | |
| Conditions of Approval (iFany): | | | | |
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