Submit 1 Copy To Appropriate District Office District 1	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
District II 1301 W. Grand Ave., Artesia. NM 88210 District III 01L CONSERVATION DIVISION 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr. District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM Santa Fe, NM 87505		30-025-41108	
		5. Indicate Type of Lease STATE FEE	
		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (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-10) FOR SUCIO PROPOSALS.)			7. Lease Name or Unit Agreement Name
			Van Gogh Fee
			8. Well Number
1. Type of Well: Oil Well 🛛 Gas Well 🗋 Other			IH
2. Name of Operator	FI	B 0 3 2015	9. OGRID Number
COG Operating LLC 3. Address of Operator			229137
2208 W. Main Street, Artesia, N	M 88210	RECEIVED	10. Pool name or Wildcat Red Hills; Bone Spring, North
4. Well Location			
Unit Letter N :	feet from the	line and	980 feet from the West line
Section 11		Range 34E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3502'			
		36	
12. Check Appropriate Box to I	ndicate Nature of Notice, Re	eport or Other D	ata
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A			
PULL OR ALTER CASING		CASING/CEMEN	
OTHER: X 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.			
IYTEAN			
COG Operating LLC respectfully requests approval for a 2 year extension on the above referenced APD.			
APD EXPIRES 4/12/16 MUST SUBMIT NEW APD BEFORE 4/12/16			
19 UST SUPPAIT NEW APD PEFORE 4/12/16			
		,	
	<u></u>		
Spud Date:	Rig Release D	ate:	
			· · ·
I hereby certify that the information a	bove is true and complete to the b	est of my knowledg	ge and belief.
mt. D			
SIGNATURE TITLE: Regulatory Analyst DATE: 2/2/2015			
Type or print name: <u>Mayte Reves</u> E-mail address: <u>mreves1@conchoresources.com</u> PHONE: (575) 748-6945 For State Use Only			
APPROVED BY:			
Conditions of Approval (if any):			
	r		

FEB 0 4 2015