Submit 1 Copy To Appropriate District Office District I – (575) 393-6161	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 July 18, 2013	
District II – (575) 748-1283 811 S. First St., Artesia, 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			WELL API NO. 30-025-44786-0000 5. Indicate Type of Lease STATE ✓ FEE 6. State Oil & Gas Lease No. VB-2060-0001	
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-101) FOR SUCH			 Lease Name or Unit Agreement Name Toque State Com 	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 503H	
2. Name of Operator ASCENT ENERGY, LLC			9. OGRID Number 325830	
3. Address of Operator 1125 17 th Street, Suite 410, Denver, CO. 80202			10. Pool name or Wildcat WC-025 G-08 S213304D; Bone Spring	
4. Well Location				
Unit LetterK:	2546feet from the South			
Section 6	*	Range 33E	NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR: 3789'				
12. Check Aj NOTICE OF INT PERFORM REMEDIAL WORK □	ppropriate Box to Indicate N ENTION TO: PLUG AND ABANDON □	ŗ	SEQUENT REPORT OF:	
TEMPORARILY ABANDONPULL OR ALTER CASINGDOWNHOLE COMMINGLECLOSED-LOOP SYSTEM	CHANGE PLANS	COMMENCE DRI	LLING OPNS. P AND A	
OTHER:	\boxtimes	OTHER:		

 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.

Ascent Energy, LLC, respectfully requests an extension of the original APD expiration of 5/16/2020 for an additional one year to 5/16/2021.

Spud E	Date:
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Rig Release Date:



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE_electronically filed by Ben Metz	TITLE	VP Exploration DATE_5/14/2020
Type or print name _Ben Metz	E-mail address: <u>bmetz@ascentenergy.us</u>	Phone: 303.513.8590
For State Use Only		
APPROVED BY	TITLE	06/04/2020
mas		

Conditions of Approval (if any):