

Submit 1 Copy To Appropriate District Office

**District I**

1625 N. French Dr., Hobbs, NM 88240

**District II**

1301 W. Grand Ave., Artesia, NM 88210

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410

**District IV**

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

October 13, 2009

WELL API NO.

30-025-43122

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Tele Delux 32 State

8. Well Number

503H

9. OGRID Number

229137

10. Pool name or Wildcat

WC-025; G-08; S2535340; Bone Spring

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 PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

**HOBBS OCD**

2. Name of Operator  
COG Operating LLC

**JAN 17 2018**

3. Address of Operator  
2208 W. Main Street, Artesia, NM 88210

**RECEIVED**

4. Well Location

Unit Letter B : 300' feet from the North line and 2130' feet from the East line  
Section 32 Township 25S Range 35E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3262.7'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☒ APD Extension

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

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 <sup>1-</sup>2 year extension on the above referenced APD.

C102 Attached.

Future extension requests must be  
accompanied by form C-102

Spud Date:

Rig Release Date:

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

SIGNATURE Genesis Vasquez TITLE: Regulatory Assistant DATE: 1/17/2018

Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926

For State Use Only

APPROVED BY: Karen Sharp TITLE: Staff Mgr DATE: 1-18-18

Conditions of Approval (if any):