Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources		October 13, 2009
1625 N. French Dr , Hobbs, NM 88240			WELL API NO.
<u>District II</u> 1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-37297 5. Indicate Type of Lease
District III	1220 South St. Francis Dr.		STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		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)			8. Well Number
1. Type of Well: Oil Well Gas Well Other			8. Well Number
2 Name of Operator			9. OGRID Number
COG Operating LLC			229137
3. Address of Operator			10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210		WC; Bone Spring	
4. Well Location			
Unit Letter P: 380 feet from the South line and 330 feet from the East line			
Section 7 Township 25S Range 30E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3180			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
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NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
_			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	ΓJOB □
DOWNHOLE COMMINGLE			
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.			
2			
COG Operating LLC respectfully requests approval for a year extension on the above referenced APD.			
			LDECEIVED
Current NMOCD rul	= -		HEULIVE
regulations must be	met at APPROVED	FOR 1 YEAR	AUG 4 2011
time of drilling	EXPIRES: /C	0/2/2012	1 1 1 1
- 0. di iiii		1/0/00/0	NMOCD ARTESIA
		• =	14111
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
MANA. D			
SIGNATURE / V (Carrier Regulatory Analyst DATE: 8/2/2011			
Type or print name: Mayte Reyes E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945			
For State Use Only			
APPROVED BY: Double When TITLE Field Supervisor Date 8-16-2011			
Conditions of Approval (if any):			
* This will be the only extension given to the APD for this well.			
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