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 II		WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210			30-015- 37142 5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE	
District IV Santa Fe, NM 8/505		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			SRO State Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number
1. Type of Well: Oil Well  Gas Well  Other			9H
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 Red Bluff; Bone Spring
4. Well Location			
Unit Letter M: 330 feet from the South line and 430 feet from the West line			
Section 33 Township 25S Range 28E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
2995'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON			<del>-</del>
DOWNHOLE COMMINGLE	MOETH EE COMITE	CASINO/CEMENT	30b
OTHER: APD Extension		OTHER:	_
⊠ AFD 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 year extension on the above referenced APD.			
			Mo 12 FA
Current NMOCD rules	sand r.	A Calon con	renced APD.  NNOCDAPTESIA  2012
regulations must be met at T APPROVED FOR 1 YEAR			
	Dia Att	ROVED FOR	I YEAR
S <sub>I</sub> time of drilling	Kig EXP	IRES: 6/29/	(2012
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
$\mathcal{M}_{\mathcal{M}}$			
SIGNATURE //	TITLE: Re	gulatory Analyst	DATE: <u>4/11/2011</u>
- 0	<b>o</b> .		
Type or print name: Mayte Reye	E-mail addres	s: mreyes1@conch	oresources.com PHONE: <u>(575) 748-6945</u>
For State Use Only			
APPROVED BY: Double	Wour TITLE F	ieid Supervisor	DATE 4-19-11
Conditions of Approval (if any):	0		
Final Extension - 1 year-			