| ight ph  |  |  |   |  |
|--|--|--|---|--|
| Submit 1 Copy To Appropriate District  | State of New Mexico  | •  | Form C-103  |  |
| Office<br>District I – (575) 393-6161  | Energy, Minerals and Natural Resource                                | ces  | Revised July 18, 2013   |  |
| 1625 N. French Dr., Hobbs, NM 88240  |  | WELL API NO.   |   |  |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210   | OIL CONSERVATION DIVISIO   |  | 15-40215  |  |
| bistrict III – (505) 334-6178 1220 South St. Francis Dr.   |  | 5. Indicate Type of STATE  | FEE 🖂   |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460  | Santa Fe, NM 87505   | 6. State Oil & Gas   |   |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  | ,  | o. State on to day   |   |  |
| 87505  | CES AND DEDODTS ON WELLS   | 7 Legga Nama or I  | Init Agraement Name   |  |
| 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   |  |  | 7. Lease Name or Unit Agreement Name  Arabian 6 Fee   |  |
|  |  | Arab   |   |  |
| PROPOSALS.)  F. Type of Well: Oil Well   |  | 8. Well Number   | 5H  |  |
| 2. Name of Operator  |  | 9. OGRID Number  |   |  |
| COG Operating LLC  |  |  | 29137   |  |
| 3. Address of Operator One Concho Center, 600 W. Illinois Ave., Midland, Tx 79701  |  | 10. Pool name or V   |   |  |
| 3  | 500 W. Illinois Ave., Midland, 1x /9/01                              | Atoka; Glorieta-   | Yeso 3250   |  |
| 4. Well Location   |  | 1 1010 0 0   | ,   |  |
| Unit Letter M:   | 110 feet from the South line an                                      |  |   |  |
| Section 6  | Township 19S Range 26E 11. Elevation (Show whether DR, RKB, RT, C    | NMPM   | County EDDY   |  |
|  | 11. Elevation (Snow whether DR, RKB, R1, C                           | JA, etc.)  |   |  |
|  | , , , , , , , , , , , , , , , , , , ,                                | . Interest of the second of th | STREET STREET, STREET STREET, |  |
| 12 Check   | Appropriate Box to Indicate Nature of N                              | Jotice Report or Other D   | )ata  |  |
| 12. CHCCK 7  | appropriate Box to indicate Nature of its                            | douce, report of Other L   | ·uu   |  |
| NOTICE OF IN   |  | SUBSEQUENT REP   |   |  |
|  |  | LTERING CASING 🔲   |   |  |
| TEMPORARILY ABANDON  |  |  | PAND A  |  |
| BULL OR ALTER CASING □   | MULTIPLE COMPL CASING/   | SEMENT JOB []  | Ž   |  |
| DOWNHOLE COMMINGLE  CLOSED-LOOP SYSTEM   |  |  | 7   |  |
| OTHER:   | APD Extension 🛛 . OTHER:   |  |   |  |
|  | oleted operations. (Clearly state all pertinent de                   |  |   |  |
|  | ork). SEE RULE 19.15.7.14 NMAC. For Mult                             | iple Completions: Attach we  | llbore diagram of   |  |
| proposed completion or rec   | ompletion.   |  | <br>%   |  |
|  |  |  | ·   |  |
|  |  | NA   | OIL CONSERVATION  |  |
| and the state of t | COG Operating LLC respectfully rapid a one year extension to this AF | equesis  | ARTESIA DISTRICT  |  |
|  |  |  | MAR <b>3 1</b> 2015   |  |
| This is the 20   | extension .  |  | MWW T TOLD  |  |
| 1 00 1   | year - Expires 4/27/   | 2011   | DECET (ED   |  |
| Approved to (1   | YEAR - EXPIRED 7/2 1/  | COTQ   | RECEIVED  |  |
|  | ,  |  |   |  |
| Future extension requests  |  |  | ,54   |  |
| accompanied by form C-1  | 02 82)   |  |   |  |
|  | Release Date:  |  | ``  |  |
|  | <u> </u>   |  | <b></b>   |  |
|  | <del>appa paj araga</del>  | , , , , , , , ,  | ·   |  |
| hereby certify that the information  | above is true and complete to the best of my kr                      | nowledge and belief.   |   |  |
|  | $\mathcal{C}$  |  | •   |  |
| SIGNATURE OF   | TITLE Regulatory   | Analyst DAT  | TE <u>03/30/2015</u>  |  |
|  |  |  |   |  |
| Type or print name Robyn M.  | Odom E-mail address: Rodom   | @concho.com PHO  | NE: <u>432-685-4385</u>   |  |
| For State Use Only   | 10   |  | 11-1  |  |
| APPROVED BY:   | TITLE DIST TO  | DEWISO DAT   | E 4/2/15  |  |
| Conditions of Approval (if any):   |  | DAI  | ~   |  |
| ^  | $\sim 111 \text{ AmV}$   |  |   |  |
| A ous mal CoA's  | STU MJONY  |  |   |  |
| <b>F</b> • 0   | /  |  | ·   |  |
| į · \$   |  |  | ž   |  |