Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103
District 1	Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II			30-015-41211
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Sonto Fo. NIM 97505		STATE FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.	
87505		·····	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Copperhead 30 Fee
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other			8. Well Number 2H
2. Name of Operator			9. OGRID Number
COG Production LLC			217955
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210			10. Pool name or Wildcat Wildcat G-03 S262932E; Bone Spring
4. Well Location			
Unit Letter A: 380 feet from the North line and 190 feet from the East line			
Section 30 Township 26S Range 29E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
2945'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:			
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:  C
TEMPORARILY ABANDON			
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT			JOB 🗆
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.			
COG Operating LLC respectfully requests approval for a Zyear extension on the above references			「『BM 句形 CONSERVATION
Aproved For a 1 year extension  1) Expires 3/20/2016  Future extension require			ARTESIA DISTRICT
deproved for a	year examin		APR <b>2 3</b> 2015
,	<i>0</i>		
ON ELDINGS 3/201	2016		
of april - 1	Future 6	extension reque	asts must be
	accomp	anied by form	
Spud Date:	1 2333p	difficulty form	C-102 (10)
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I hereby certify that the information a	bove is true and complete to the bo	est of my knowledge	and belief.
SIGNATURE TITLE: Regulatory Analyst DATE: 2/2/2015			
Type or print name: Mayte Reve	sE-mail addres	s: mreyes1@concho	oresources.com PHONE: (575) 748-6945
For State Use Only	10	DS.m.	.//
APPROVED BY:	TITLE UST	1/SIPUUS	DATE 4/23/2015
Conditions of Approval (if any):	_	U	