Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103		
Office District ¹	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	5-41378	
<u>District III</u>	1220 South St. Francis Dr.		5. Indicate Type of L	ease	
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			U. State On & Cas E.	case ivo.	
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			Myox 21 State Com		
PROPOSALS.)				8. Well Number	
1. Type of Well: Oil Well Gas Well Other			10H		
2. Name of Operator			9. OGRID Number		
COG Operating LLC 3. Address of Operator			229137 10. Pool name or Wildcat		
2208 W. Main Street, Artesia, NM 88210			Willow Lake; Delaware, SW		
4. Well Location			THIO! LUNC,	Delaware, 5W	
	. 100 for from the Co.	.d. e	420 6 45 41	117	
•	***************************************	V			
Section 21	Township 25S	Range 28E	NMPM	Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2994' GR					
2774 UK					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL				TERING CASING Output TERING CASING	
TEMPORARILY ABANDON				NO CONSERVETION	
DOWNHOLE COMMINGLE	MOLTIFLE COMPL []	CASING/CEIVIEN	JOB 🔲	ARTESIA DISTRICT	
			_	APR 0 8 2015	
OTHER: APD Extension		OTHER:			
۵				RECEIVED	
13. Describe proposed or completee	operations. (Clearly state all perti	nent details, and give	pertinent dates, includ	ling 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.					
	l.				
COG Operating LLC respectfully re	quests approval for a 2 year extensi	on on the above refe	renced APD.		
approved For Iyean	, and a second of the control of the	-			
HP GOEST 151 0	I. APD exter	sion expires 5/	21/2016		
APD extension expires <u>5/21/2016</u> Further requests for extension must be accompanied					
	by a form (•		
Spud Date:					
<u></u>					
			,=		
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief.		
1 Mate 2					
SIGNATURE TITLE: Regulatory Analyst DATE: 4/9/2015					
Type or print name: Mayte Reyes E-mail address: mreyes @conchoresources.com PHONE: (575) 748-6945					
For State Use Only					
APPROVED BY: OF TITLE US TO DATE 4/15/2015					
Conditions of Approval (if any):				1 1 2	