Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District 1 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II	OIL CONSERVATION DIVISION		30-015-41932
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE S FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Sunta Fe, NM 87505		o. State on & Gas Lease No.	
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			SRO State
PROPOSALS.) 1. Type of Well: Oil Well			8. Well Number
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 Hay Hollow; Bone Spring	
4. Well Location			The state of the s
Unit Letter P	: 190 feet from the South	line and 6	60 feet from the <u>East</u> line
Section 8		ange 28E	NMPM Eddy County
	11. Elevation (Show whether DR, 3069)		
3069' GR			
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 ALTERING CASING			
TEMPORARILY ABANDON			RILLING OPNS. P AND A
PULL OR ALTER CASING		CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE	•		
OTHER: APD Extension	ŀ	OTHER:	. 🗆
			ve 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 referenced APD.			
APD Approved for 14em - APD expires 1/7/2017			
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- uture extension requests mus	+ -		
pe accompanied by Form C-102		ite:	
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I have been self-or that the information			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE: Regulatory Analyst DATE: 11/11/2015			
Type or print name: Mayte Reyes E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945			
For State Use Only			
APPROVED BY: NO DOC TITLE DIST HOUSEN DATE DEPORT			
Conditions of Approval (if any):			
Lougenal COA's SHII Apply			
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