Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-015-41934	
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			SRO State	
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well	Well: Oil Well 🔲 Gas Well 🔲 Other		28Н	
2. Name of Operator			9. OGRID Number	
COG Operating LLC		229137		
3. Address of Operator		10. Pool name or Wildcat		
2208 W. Main Street, Artesia, NM 88210		Delaware River; Bone Spring		
4. Well Location				
Unit Letter D: 190 feet from the North line and 660 feet from the West line				
Section 5 Township 26S Range 28E NMPM Eddy County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3002' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
12. Check Appropriate box to material value of Notice, Report of Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			K ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON			LLING OPNS.□ PANDA □	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	L NOB 🔲	
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 year extension on the above referenced APD.				
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APD Approved for 1 year APD expires 1/7/2017				
HPD My 1000 10 1				
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Future extension requests must	Rig Release Da	ite:	·	
be accompanied by Form C-102				
I hereby certify that the information	should is true and complete to the hi	est of my knowledge	a and heliaf	
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 Reves E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945 For State Use Only				
d/// lada				
APPROVED BY: W				
Conditions of Approval (if any):				

A Original COA'S Still Apply