

Submit 1 Copy To Appropriate District
Office
District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 PROPOSALS)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Bacon State <input checked="" type="checkbox"/>
2. Name of Operator COG Operating LLC <input checked="" type="checkbox"/>	8. Well Number 1 <input checked="" type="checkbox"/>
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210	9. OGRID Number 229137
4. Well Location Unit Letter <u>A</u> : <u>380</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>East</u> line Section <u>7</u> Township <u>25S</u> Range <u>30E</u> NMPM <u>Eddy</u> County	10. Pool name or Wildcat WC; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3181	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

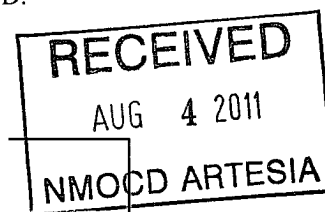
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
OTHER: APD Extension <input checked="" type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

¹
COG Operating LLC respectfully requests approval for a ~~2~~ year extension on the above referenced APD.

Current NMOCD rules and regulations must be met at time of drilling ☐

APPROVED FOR 1 YEAR
EXPIRES: 10/2/2012



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mayte Reyes TITLE: Regulatory Analyst DATE: 8/2/2011

Type or print name: Mayte Reyes E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945

For State Use Only

APPROVED BY: Donald May TITLE: Field Supervisor DATE: 8-16-11

Conditions of Approval (if any):

* This will be the only extension given to the APD for this well

(Signature)