

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

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

WELL API NO. 30-015-39352
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Maple State
8. Well Number 9
9. OGRID Number 229137
10. Pool name or Wildcat 96836 Red Lake; Glorieta-Yeso, Northeast

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 Gas Well Other

2. Name of Operator
COG Operating, LLC

3. Address of Operator
One Concho Center, 600 W. Illinois Ave., Midland, TX 79701

4. Well Location
 Unit Letter **E** : **1650** feet from the **North** line and **990** feet from the **West** line
 Section **30** Township **17S** Range **28E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3557' GR

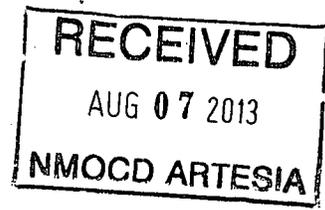
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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

www.emnrd.state.nm.us
 Current forms are available on our website and should be used when filing regulatory documents.

13. Describe proposed or completed operations. (Clearly state all pertinent of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For M proposed completion or recompletion.

COG Operating LLC respectfully requests permission
 (1) for a two year extension to this APD
 scheduled to expire 8/26/2013.



Approved for 1 year Extension - Expires 8/26/2014

Spud Date: Rig Release Date:

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

SIGNATURE Robyn Odom TITLE Regulatory Analyst DATE 8/05/13

Type or print name Robyn M. Odom E-mail address: Rodom@concho.com PHONE: (432) 685-4385
For State Use Only

APPROVED BY: [Signature] TITLE Asst R Supervisor DATE 8/7/13

Conditions of Approval (if any):

gn