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

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

Form C-103
October 13, 2009

WELL API NO.
30-015-41926

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒   Gas Well ☐   Other

7. Lease Name or Unit Agreement Name
SRO State Com

8. Well Number
36H

2. Name of Operator
COG Operating LLC

9. OGRID Number
229137

3. Address of Operator
2208 W. Main Street, Artesia, NM 88210

10. Pool name or Wildcat
Delaware River; Bone Spring

4. Well Location

Unit Letter __N__ : __380__ feet from the __South__ line and __1980__ feet from the __West__ line

Section 33   Township 25S   Range 28E   NMPM   Eddy   County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2984' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐   CHANGE PLANS ☐
PULL OR ALTER CASING ☐   MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☒ APD Extension

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐
COMMENCE DRILLING OPNS.☐   P AND A ☐
CASING/CEMENT JOB ☐

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 1 year extension on the above referenced APD.

Approved for 1year - APD expired 1/6/2017

Future extension requests must be accompanied by Form C-102

Rig Release Date:

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

SIGNATURE _Mat Re_   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: _____   TITLE Dist off Supewisor   DATE 12/22/2015

Conditions of Approval (if any):

× Original COA's Still Apply