Submit I Copy To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	esia, NM 88210 OIL CONSERVATION DIVISION		30-015-41526 5. Indicate Type of Lease
District III	strict III 1220 South St. Francis Dr.		STATE STEE
1000 Rio Brazos Rd., Aziec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM			
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 PROPOSALS.)			Myox 19 State 8, Well Number
1. Type of Well: Oil Well Gas Well Other			a. 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, North
			hay riollow; bone spring, North
4. Well Location Unit Letter P	: 190 feet from the Soi		·-
Section 19 Township 25S Range 28E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	11. Elevation (Show whether L 3008		
12. Check Appropriate Box	to Indicate Nature of Notice, I	Report or Other L	J ata
NOTICE OF	INTENTION TO:	· su	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			
			RILLING OPNS. P AND A
	MULTIPLE COMPL	CASING/CEMEN	AL TOB
DOWNHOLE COMMINGLE []		
OTHER: APD Extension		OTHER:	
×		AMP	
		tinent details, and gi	ve pertinent dates, including estimated date of ons: Attach wellbore diagram of proposed
COG Operating LLC respectfully	requests approval for a 1 year exten	ision on the above re	ferenced APD NM OIL CONSERVATION
			ARTESIA DISTRICT
			JUL 28 2016
	,		JUL 2 6 2010
			RECEIVED
Spud Date:	Rig Release	Date:	
I hereby certify that the information	on above is true and complete to the	best of my knowled	ge and belief.
SIGNATURE // Qt	VO TITLE	Regulatory Analyst	DATE. Siboladi C
SIGNATURE 17 (24)	IIILE:	regulatory Analyst	DATE: <u>7/28/2016</u>
Type or print name: Mayte R	eyes E-mail addr	ess: mreves1@conc	thoresources.com PHONE: (575) 748-6945
APPROVED BY: Jaren Sharp TITLE Bus Op Agec - adv DATE 7-28-16			
Conditions of Approval (if any).			
Future extension requests must			
be accompanied by Form C-102			
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