ubmit Constants Annundate District		· ·		F 0.10
ubmit 1 Copy To Appropriate District Iffice	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Form C-103 October 13, 2009 WELL API NO. 30-015-41745 5. Indicate Type of Lease STATE FEE	
histrict 1 625 N. French Dr., Hobbs, NM 88240				
hstrict II 301 W. Grand Ave., Artesia, NM 88210				
bistrict III				
000 Rio Brazos Rd , Aztec, NM 87410	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
<u>iístrict IV</u> 220 S. St. Francis Dr., Santa Fe, NM 7505			o. State Off & Oas	Lease Ivo.
	ES AND REPORTS ON WELL	.S	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			Myox 21 State Com 8. Well Number	
ROPOSALS.) . Type of Well: Oil Well 🛛 Gas Well 🔲 Other			<u>1H</u>	
. Name of Operator			9. OGRID Number	
COG Operating LLC			229137 10. Pool name or Wildcat	
 Address of Operator 2208 W. Main Street, Artesia, NM 88210 			San Lorenzo; Bone Spring	
Well Location	1 88210		San Loren	zo; Bone Spring
Unit Letter <u>M</u> ;	190 feet from the So	uth line and	660 feet from	the <u>West</u> line
Section 21	Township 25S	Range 28E		Eddy County
eren an	11. Elevation (Show whether D. 2991	R, <i>RKB, RT, GR, eic</i> .9' GR		
Check Appropriate Box to Ir	dicate Nature of Notice R	enort or Other D)ata	
		1		
NOTICE OF INT		1	SEQUENT REP	
—		REMEDIAL WOR		ALTERING CASING
				PANDA
PULL OR ALTER CASING		CASING/CEMEN	IT JOB	
THER: APD Extension		OTHER:		
Describe proposed or completed of starting any proposed work). SEE completion or recompletion.			ons: Attach wellbore	
completion of recompletion.	I		, C	ARTESIA DISTRICT
OG Operating LLC respectfully requ		·····	former of ADD	JUL 28 2016
JO Operating LLC respectfully requ	esis approval for a z year extens	sion on the above re	lerenced APD.	
				RECEIVED
	- 			-1
ud Date:	Rig Release E	Date:		
creby certify that the information ab	ove is true and complete to the	best of my knowled	ge and belief.	
matin)		-	
GNATURE 1 100	TITLE:	egulatory Analyst	DA1	TE: <u>7/28/2016</u>
pe or print name: <u>Mayte Reyes</u>	E-mail addre	ss: mreves]@cone	horesources com PH	IONE: <u>(575) 748-694</u>
r State Use Only	Δ	<u>^</u>		·····
PROVED BY	Sharp_TITLE_BU	islp Ape	c-adu_DAT	E <u>1-28-16</u>
nanous of Approvat (N any):	r .*	n n Eiseksen Eiseks	· ·	
			sion requests m	ust be
		accompanied	by form C-102	