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APPROVED BY Skren Aharp TITLE Bus Merchang adu DATE 11.11-16	Signatore		gulatory Analyst	DATE:		
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Conumons or Approval (II any). If I I I		Lang TITLE / Me	o prespe	<u>C-Uau DATE /1/1/16</u>		
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Submit I Copy To Appropriate District	State of New Me	rico	Form C-103		
Office District 1	Energy, Minerals and Natural Resources		October 13, 2009		
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	30-015-41863			
District III	1220 South St. Fran	ncis Dr.	5. Indicate Type of Lease STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87	7505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM					
87505	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOS	ALS TO DRILL OR TO DEEPEN OR PLU	UG BACK TO A			
DIFFERENT RESERVOIR. USE "APPLIC. PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FC	DR SUCH	Daisy 24 Fee Com 8. Well Number		
	Gas Well 🔲 Other		7H		
2. Name of Operator			9. OGRID Number		
COG Operating LLC			229137		
3. Address of Operator	N.C. 00010		10. Pool name or Wildcat		
2208 W. Main Street, Artesia, N	M 88210		Hay Hollow; Bone Spring, North		
4. Well Location					
Unit Letter <u>C</u> :	<u>190</u> feet from the <u>North</u>				
Section 24		Range 27E	NMPM Eddy County		
A CATALON AND A CAT	11. Elevation (Show whether DR, 3058.7				
		<u> </u>			
12. Check Appropriate Box to l	ndicate Nature of Notice, Re	port or Other Da	ita		
	PLUG AND ABANDON	SUB REMEDIAL WOR			
		COMMENCE DRI			
		CASING/CEMENT			
OTHER: APD Extension		OTHER:	Π		
		Official C			
			e 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.					
Ι,					
COG Operating LLC respectfully requests approval for a 2 year extension on the above referenced APD.					
C102 attached.					
			e		
Spud Date:	Rig Release Da	ite:			
I hereby certify that the information a	bove is true and complete to the be	est of my knowledge	e and belief.		
SIGNATUR MAR 1	TITLE: Re	·····			
SIGNATURE _ Cy - F		gulatory Analyst	DATE: <u>11/15/2016</u>		
Tame or print parts	a 1 °	•			
Type or print name: <u>Mayte Reve</u> For State Use Only /	E-mail addres	s: <u>mreyest@conch</u>	oresources.com PHONE: (575) 748-6945		
	Abush	Aller to	<u>c-Adu DATE 11-17-16</u>		
APPROVED BY: Approval (if any):	TITLE VIL	Juper of the	<u>C-(100</u> DATE //-//-/le		
Conditions of Approval (4 any),	V	0 1			

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