<b>V</b>				
Submit 1 Copy To Appropriate District Office	State of New Mex		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natur	al Resources	WELL API NO.	October 13, 2009
District II	OIL CONSERVATION			5-42989
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Río Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE     FEE       6. State Oil & Gas Lease No.	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas I	Lease No.
87505				
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.)			7. Lease Name or Unit Agreement Name	
			Cra 8. Well Number	ig State
1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other			12H	
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	
4. Well Location			Wildcat G-03 S25236M; Bone Spring	
4. Well Location Unit Letter D:	210' feet from theNorth	line and 0001	feet from the	West line
Section 36	Township 25S Rar			Eddy County
		Ludy County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3245'				
Chaole American Desite	Indianta Natura afiliatina m		4-	
12. Check Appropriate Box to 1	indicate mature of motice, Rep			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	PLUG AND ABANDON  CHANGE PLANS  MULTIPLE COMPL	REMEDIAL WORI COMMENCE DRI CASING/CEMENT		
OTHER APD Extension		OTHER:		
<ol> <li>Describe proposed or completed starting any proposed work). SE completion or recompletion.</li> <li>COG Operating LLC respectfully</li> <li>C102 Attached.</li> </ol>	E RULE 19.15.7.14 NMAC. For M oyle	lultiple Completion	ns: Attach wellbore d	iagram of proposed
Spud Date:	Rig Release Dat	e:		7
		L		J
I hereby certify that the information a	hove is true and complete to the be	st of my knowledge	e and belief.	
signature MAL	TITLE: Rep	ulatory Analyst	DAT	E: <u>11/15/2016</u>
Type or print name: <u>Mayte Reve</u> For State Use Only APPROVED BY: <u>Mon</u>	E-mail address	mreyesl@conch	oresources.com PH	ONE: <u>(575) 748-6945</u> E
Conditions of Approval (if any):	- 1		- V-	,
,				

