7		
Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office	y, Minerals and Natural Resources	October 13, 2009
District 1 Effects 1625 N. French Dr., Hobbs, NM 88240	y, minorals and mathematics	WELL API NO.
District II	CONSERVATION DIVISION	30-015-43045
1301 W, Olund Ave., Ancaia, INW box to	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Craig State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		8. Well Number
I. Type of Well: Oil Well 🛛 Gas Well 🗌 Other		I3H
2. Name of Operator		9. OGRID Number
COG Operating LLC		229137
3. Address of Operator		10. Pool name or Wildcat
2208 W. Main Street, Artesia, NM 88210		Wildcat G-03 S25236M; Bone Spring
4. Well Location		
Unit Letter <u>C</u> : <u>350'</u> feet from the <u>North</u> line and <u>1720'</u> feet from the <u>West</u> line		
Section 36 Township 25S Range 26E NMPM Eddy County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3251'		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
		SEQUENT REPORT OF:
		RK ALTERING CASING ILLING OPNS. P AND A
PULL OR ALTER CASING DULTIPLE COMPL CASING/CEMEN		
		_
OTHER 🛛 APD Extension	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 one year extension to the above referenced APD.		
		NM OIL CONSERVATION
		ARTESIA DISTRICT
C102 Attached. Additional		
" "Guillonal room	for extension	APR 1 9 2017
Must be accompanied by current work plan		
	· Pidij	RECEIVED
		····
		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is the and complete to the best of my knowledge and benef.		
SIGNATURE Marke Keine TITLE: Regulatory Analyst DATE: 4/19/2017		
DATE. 419/2017		
Type or print name: <u>Mayte Reyes</u>	E-mail address: mreyesl(a conc	horesources.com PHONE: (575) 748-6945
For State Use Only		
APPROVED BY: DATE 4-20-17 DATE 4-20-17		DATE 4 - 20 -17
Conditions of Approval (if any):		

