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Submit 1 Copy To Appropriate District Office <u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009 WELL API NO. 30-015-43206 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.		
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC	7. Lease Name or Unit Agreement Name Silver Mountain 28 State			
PROPOSALS.) 1. Type of Well: Oil Well	8. Well Number 2H			
2. Name of Operator COG Operating LLC	9. OGRID Number 229137			
3. Address of Operator 2208 W. Main Street, Artesia, N	10. Pool name or Wildcat Avalon; Bone Spring, East			
4. Well Location Unit Letter: Section28	<u>765'</u> feet from the <u>North</u> line and <u>190</u> Township 20S Range 28E	feet from the <u>West</u> line NMPM Eddy County		
	11. Elevation (Show whether DR, RKB, RT, GR, etc., 3230'			
12. Check Appropriate Box to 2	Indicate Nature of Notice, Report or Other D	ata		

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NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK 🗍 PLUG AND ABANDON 🗌]	REMEDIAL WORK	ALTERING CASING 📋		
TEMPORARILY ABANDON] [COMMENCE DRILLING OPNS.	P AND A		
PULL OR ALTER CASING] L	CASING/CEMENT JOB			
OTHER 🛛 APD Extension		OTHER:]		

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.

	Future extension requests must be accompanied by Form C-102			NM OIL CONSERVATION ARTESIA DISTRICT JUN 1 2 2017 RECEIVED				
Spud Date:		Rig Relea	se Date:					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
SIGNATURE	Mate Rey	TITLE: _	Regulate	ory Analyst		DATE: <u>6</u>	/8/2017	
Type or print na For State Use C		E-mail a	ldress: <u>mr</u>	eyes1@concho	resources.com	PHONE: _	<u>(575) 748-6945</u>	
APPROVED BY Conditions of Ap	aff also	TITLE S	taff m	' <u>5</u> ~	I	DATE 6-12	2-17	

