:	Submit 1 Copy To Appropriate District Office District 1 – (575) 393-6161	ffice Energy, Minerals and Natural Resources			Form C-103 Revised July 18, 2013	
	1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	15 N. French Dr., Hobbs, NM 88240 trict II - (575) 748-1283 OH. CONSERVATION DIVISION		WELL API NO. 30-015-39610		
	District III - (505) 334-6178 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE FEE			
.3	District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Leas	e No.	
					Lease Name or Unit Agreement Name Empire 23 State	
	1. Type of Well: Oil Well 🔲 Gas Well 🗌 Other			8. Well Number 5		
	COG Operating LLC			9. OGRID Number 229137		
	3. Address of Operator One Concho Center, 600 W. Illinois Ave., Midland, Tx 79701			10. Pool name or Wildcat Empire; Glorieta-Yeso 96210		
. 1	4. Well Location Unit Letter D: 825 feet from the North line and 990 feet from the West line					
	Section 23 Township 17S Range 28E NMPM County EDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3645' GR					
,						
÷	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
	NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM APD Extension OTHER: PERFORM REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB 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.					
3						
	COG Operating LLC respectfully requests 1 year a two year extension to this APD scheduled to expire 11/14/2013.			j	CEIVED	
				NO'	V 0.6 2013	
1	OCD Approves a year Extension NMOCD ARTESIA					
	OCD Approves a lyear Extension NMOCD ARTESIA NMOCD ARTESIA					
	Spud Date:	Rig Release Da	ite:		_i , ,	
,						
	I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
	SIGNATURE COL	TITLE	Regulatory Analyst	DATE	11/05/2013	
	Type or print name Robyn M. Odom E-mail address: Rodom@concho.com PHONE: 432-685-4385					
	APPROVED BY: Conditions of Approval (if any): TITLE DIST HSQUIST DATE 11/13/2013					
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