Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-39949
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE .
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	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 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Burkett 16 State
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 15H
Name of Operator COG Operating LLC		9. OGRID Number 229137
3. Address of Operator		10. Pool name or Wildcat
\	, 600 W. Illinois Ave., Midland, Tx 79701	Fren; Gloritea-Yeso 26770
4. Well Location Unit Letter D	: 330 feet from the North line and	490 feet from the West line
Section 16	Township 17S Range 31E	NMPM County EDDY
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3792' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		ILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE		T JOB .
CLOSED-LOOP SYSTEM] .	
OTHER: 13. Describe proposed or com	APD Extension OTHER: upleted operations. (Clearly state all pertinent details, an	Id 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.		
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COG Operating LLC respectfully requests		
a two year extension to this APD		
scheduled.to.ev.nire.02/15/2014.		
Final Extension Approved ending		
$2-10^{\circ}$		
·* **	2-13-2015	
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Spud Date:	Rig Release Date:	·
	· ·	
hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TO THE	TITLE Regulatory Analyst	DATE <u>01/31/2014</u>
Type or print name Robyn M. For State Use Only	Odom E-mail address: Rodom@conch	no.com PHONE: <u>432-685-4385</u>
// // (Majord TITLE "Geold	1-2-7/1/4"
APPROVED BY: (). Of Conditions of Approval (if any):	TITLE GEOIC	DATE 2-3-WIY