| Submit 1 Copy To Appropriate District Office | State of New Mexico | | Form C-103 |
|--|--|---------------------------|---|
| District I 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natu | irai Kesources | October 13, 2009 WELL API NO. |
| District II. 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION | DIVISION | 30-015-41526 |
| District III | 1220 South St. Fran | ncis Dr. | 5. Indicate Type of Lease STATE FEE |
| District IV | Santa Fe, NM 87 | 7505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | · |
| SUNDRY NOTI | | | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOS | SALS TO DRILL OR TO DEEPEN OR PLI | UG BACK TO A | Myox 19 State |
| PROPOSALS.) | | 8. Well Number | |
| | | 4H | |
| | | 9. OGRID Number 229137 | |
| 3. Address of Operator . | | 10. Pool name or Wildcat | |
| 2208 W. Main Street, Artesia, N | Santa Fe, NM 87505 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 IPPERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH ROPOSALS.) Type of Well: Oil Well Gas Well Other Name of Operator COG Operating LLC Address of Operator 2208 W. Main Street, Artesia, NM 88210 Well Location Unit Letter P : 190 feet from the South line and Section 19 Township 25S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR, et 3008' GR Check Appropriate Box to Indicate Nature of Notice, Report or Other INOTICE OF INTENTION TO: ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DULL OR ALTER CASING MULTIPLE COMPL CASING/CEME OWNHOLE COMMINGLE DESCRIBE APD Extension Describe proposed or completed operations. (Clearly state all pertinent details, and g starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Complet completion or recompletion. | | Hay Hollow; Bone Spring, North |
| 4. Well Location | | | |
| 1 | | - | |
| Section 19 | | | NMPM Eddy County |
| | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| NOTICE OF IN | TENTION TO: | SUB | SECUENT REPORT OF: |
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| = | | i . | |
| | MULTIPLE COMPL | CASING/CEMENT | |
| | | | |
| | | OTHER: | ☐ APR U 8 ZUID |
| | | | |
| 13. Describe proposed or completed | operations. (Clearly state all pertings DIII F 19.15.7.14 NMAC. For I | ient details, and give | e pertinent dates, including Estilated/Stad of |
| | E ROLE 19.13.7.14 NMAC. FOI 1 | wuntpie Compienoi | is: Attach wellbore diagram of proposed |
| • | NOTICE OF INTENTION TO: ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A COMMENCE DRILLING OPNS. OTHER: OTHER: APP OF SET | | |
| COG Operating LLC respectfully req | uests approval for a 2 year extension | on on the above refe | renced APD. |
| | | | |
| 2200 red For I year | APD ex | tension expires | 77/0-2016 |
| 775.00 | Further | requests for exte | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | by a for | m C102. | , |
|) Expired on 7/10/20 | V 6 | H()) | |
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| | | | |
| Spud Date: | Rig Release Da | ite: | |
| | | L. A. S. W | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| SIGNATURE TITLE: Regulatory Analyst DATE: 4/9/2015 | | | |
| Type or print name: Mayte Reves E-mail address: mreves1@conchoresources.com PHONE: (575) 748-6945 | | | |
| For State Use Only | 1/67 | -HXXX | 4/50) |
| APPROVED BY: // // Conditions of Approval (if any): | 7- IIILKO' | | DATE /// |