Submit I Copy To Appropriate District	State of New Me	exico		Form C-103
Office District I	Energy, Minerals and Natural Resources		October 13, 2009	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-41735	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE S FEE 6. State Oil & Gas Lease No.	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	1220 S. St. Francis Dr., Santa Fe, NM		6. State Off & Gas Lease	140.
87505	CES AND REPORTS ON WELLS		7 Larra Name or Hoit A	neagment Name
(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			Myox 30 State Com	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 2H	
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			Hay Hollow; Bone Spring, North	
4. Well Location			<u> </u>	
Unit Letter B:	190 feet from theNorth	line and19	80 feet from theI	East line
Section 30		Range 28E	NMPM Edd	
	11. Elevation (Show whether DR,			
2994.1' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
12. Ones rippropriate box to historic ratios of riotics, report of Ones batte				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	K 🔲 ALTER	ING CASING 🔲		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A				A 🔲
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE	<u>'</u>			
OTHER:		OTHER:		
	i	0,1.2.0	<u> </u>	
2				
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.				
completion of recompletion.				
COG Operating LLC respectfully rec	juests approval for a 1 year extension	on on the above refe	renced APD,	
			nm oil c	ONSERVATION
			ARTE	SIA DISTRICT
				28 2016
			301	. DO LOID
			RE	CEIVED
Spud Date:	Rig Release Da	te:		
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I hereby certify that the information	shave is tope and complete to the he	st of my knowledge	and belief	
ractedy certary data the majoritation	1)	st of my knowledge	and bener.	
SIGNATURE TITLE: Regulatory Analyst DATE: 7/28/2016				
		<u> </u>		
Type or print name: Mayte Reves E-mail address: mrevest@conchoresources.com PHONE: (575) 748-6945				
For State Use Only				
APPROVED BY: Jaren Thaip TITLE Bush Spec-ale DATE 2-28-16				
Conditions of Approval (ifany):	Sourp IIILE /Ju	ever expec	-WAU_DAIL_/	-00-16
Future Extension requests must be				
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accompanied by form C-102				