Submit I Copy To Appropriate District Office	State of New Me	exico	Form C-103
District I	Energy, Minerals and Natu	ral 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	30-015-41918 5. Indicate Type of Lease
District III 1220 South St. Francis Dr		STATE STATE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM			
87505	ICES AND REPORTS ON WELLS		
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			Myox 6 State
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number
2. Name of Operator			1H 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
4. Well Location			
Unit LetterA :190 feet from the North line and690 feet from the East line			
Section 6 Township 26S Range 28E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3032' GR			
12. Check Appropriate Box to	Indicate Nature of Notice, Re	eport or Other D	ata
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
OTHER: APD Extension		OTHER:	
		UTHER.	
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.			
COG Operating LLC respectfully requests approval for a 2 year extension on the above referenced APD.			
C102 attached.			
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Spud Date:	Rig Release Da	ate:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
signing 1 1 ht 1/2 in more			
SIGNATURE TI LA	TITLE: R	gulatory Analyst	DATE: <u>11/15/2016</u>
U			
Type or print name: Mayte Reves E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-6945			
For State Use Only A			
APPROVED BY: Saren Mars TITLE Sunfer Spec-Ular DATE 11-17-16			
Conditions of Approval (if any):			

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