•						
Submit 1 Copy To Appropriate District	State of New M	Form C-103				
Office District I	Energy, Minerals and Nat	October 13, 2009				
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Wineruis und Par		WELL API N	0.	·	
District II			30-015-41737			
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease			
District III 1000 Pio Prozes Pd. Astes NM 87410	1220 South St. Fra	STATE SFEE				
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	37505	6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM						
87505						
SUNDRY NOTIC	7. Lease Name or Unit Agreement Name					
(DO NOT USE THIS FORM FOR PROPOSA	Myox 30 State Com					
DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	8. Well Number					
1. Type of Well: Oil Well \boxtimes G	4H					
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, NN	Hay Hollow; Bone Spring, North					
4. Well Location						
		1'	for a former day	West	1:	
	<u>190</u> feet from the <u>North</u>				line	
		ange 28E	NMPM	Eddy	County	
	11. Elevation (Show whether DI	R, <i>RKB, RT, GR, etc.</i>)1.7')	1. A. 1. A		
12. Check Appropriate Box to In	idicate Nature of Notice, R	eport or Other D	ata			
NOTICE OF INT	SEQUENT REPORT OF:					
		_				
TEMPORARILY ABANDON	ILLING OPNS.	P AND	A L			

OTHER: APD Extension

PULL OR ALTER CASING

DOWNHOLE COMMINGLE

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 Zyear extension on the above referenced APD.

MULTIPLE COMPL

C102 Attached.

exp 10.16.2018 ARTESIA DISTRICT

one

CASING/CEMENT JOB

OTHER:

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 \Box

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RECEIVED

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE (TITLE: <u>Regulatory Assistant</u> DATE: 9/11/2017 E-mail address: ggarzaperez@concho.com PHONE: _(575) 748-6926 Type or print name: Genesis Vasquez For State Use Only DATE 9-12-17 TITLE STAtt Mar APPROVED BY:

Conditions of Approval (if any):

