

Submit 1 Copy To Appropriate District Office

District I (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO.	30-015-42786
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Bragg 10 Fee
8. Well Number	5H
9. OGRID Number	229137
10. Pool name or Wildcat	Atoka; Glorieta-Yeso 3250

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
COG Operating LLC

3. Address of Operator  
One Concho Center, 600 W. Illinois Ave., Midland, Tx 79701

4. Well Location  
Unit Letter O : 150 feet from the South line and 990 feet from the West line  
Section 10 Township 19S Range 26E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3335' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: 2nd APD Extension <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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  
a one year extension to this APD  
scheduled to expire 11/06/2017

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

NOV 03 2017

*Ref. expires 11-6-2018* 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 *Robyn M. Russell* TITLE Regulatory Analyst DATE 11-03/2017

Type or print name Robyn M. Russell E-mail address: Russell@concho.com PHONE: 432-685-4385

For State Use Only  
APPROVED BY: *Raymond K. Padany* TITLE Geologist DATE 11-3-17  
Conditions of Approval (any):

State of New Mexico  
 Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, New Mexico 87505

Form OCM-101  
 (Rev. 12/10)  
 Oil Conservation Division  
 Santa Fe, New Mexico 87505  
 Phone: (505) 824-3333

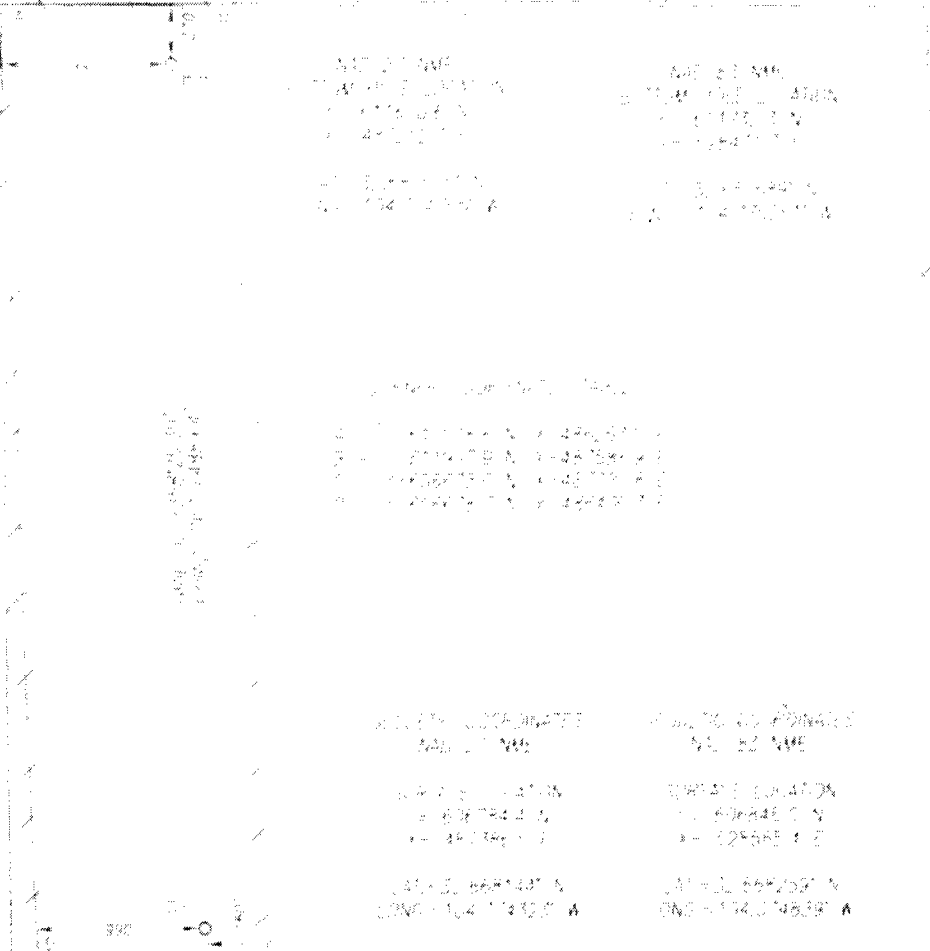
**WELL LOCATION AND ACREAGE DEDICATION PLAT**

Well Name: *Wet, Oil, No. 1*  
**BRAGG 10 EFF**  
 Operator Name:  
**COG OPERATING, LLC**

Well Number:  
**811**  
 Section:  
**3335**

Section	Range	Meridian	Acres	Direction	Acres	Section	Range	Meridian
M	10	19 S	26.4	SOUTH	150	990	WEST	EDDY
D	10	19 S	26.4	NORTH	330	990	WEST	EDDY

NOTE: SWABLE WILL BE ASSIGNED TO THIS COMPANY. OWNERS' ALL INTERESTS HAS BEEN CONSOLIDATED. A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION.



**OPERATOR CERTIFICATION**

I, the undersigned, certify that the information herein is true and correct and that I am duly qualified to perform the duties of an operator under the laws of the State of New Mexico. I am duly licensed under the laws of the State of New Mexico and I am duly qualified to perform the duties of an operator under the laws of the State of New Mexico.

*[Signature]*  
 Operator

**STATEYOR CERTIFICATION**

I, the undersigned, certify that the well location herein is true and correct and that I am duly qualified to perform the duties of a stateyore under the laws of the State of New Mexico. I am duly licensed under the laws of the State of New Mexico and I am duly qualified to perform the duties of a stateyore under the laws of the State of New Mexico.

SEPTEMBER 13, 2014  
 Dept. of Survey  
 State of New Mexico

*[Signature]*  
 Stateyore