Submit 1 Copy To Appropriate District	State of	Now Mr			5	
Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 October 13, 2009			
1625 N. French Dr., Hobbs, NM 88240	Linergy, minicials and matural Resources			WELL API NO.	00000113,2009	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-420		
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease	_	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505				FEE 🔲 🗸	
1220 S. St. Francis Dr., Santa Fe, NM	Sana i C, MM 87505			6. State Oil & Gas Lease	No.	
87505						
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	7. Lease Name or Unit Agreement Name					
DIFFERENT RESERVOIR. USE "APPLIC	FERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMOTION FOR TO A TO BELLE TO A TO BE				Pygmy 27 State	
1. Type of Well: Oil Well	Gas Well 🗍 Other			8. Well Number		
2. Name of Operator		05/	16/2016	4H	V	
COG Operating LLC	\checkmark	REC	CEIVED	9. OGRID Number 229137	\checkmark	
3. Address of Operator				10. Pool name or Wildcat		
2208 W. Main Street, Artesia, I	NM 88210		v	Airstrip; Bone !	V 1	
4. Well Location						
Unit Letter <u>A</u> :		North	_ line and330	feet from the East	line	
Section 27 Te	ownship 21S	Range			ounty	
	11. Elevation (Show wh					
A DESCRIPTION OF THE REAL PROPERTY OF		3768'	GR			
12. Check Appropriate Box to NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE OTHER: APD Extension 13. Describe proposed or completed starting any proposed work). SE	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	e all pertin	SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT OTHER: ent details, and give	SEQUENT REPORT	NG CASING	
 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. 						
APD EXPIRES: 08/26/2018						
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						
Type or print name: <u>Mayte Reves</u> E-mail address: <u>mreyes1@conchoresources.com</u> PHONE: (575) 748-6945						

	- D
Type or print name:	Mayte Reyes
For State Use Only	
APPROVED BY:	Blank
Conditions of Approv	val (if any):

KZ

DATE