Submit 1 Copy To Appropriate District Office <u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District III</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION I220 South St. Francis Dr. Santa Fe, NM 87505	Form C-103 October 13, 2009 WELL API NO. <u>30-025-42544</u> 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.		
 (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.) 1. Type of Well: Oil Well 2 O 2. Name of Operator COG Operating LLC 3. Address of Operator 2208 W. Main Street, Artesia, NR 	ES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH Gas Well Other OCD - HOBBS 05/16/2016 RECEIVED M 88210	 7. Lease Name or Unit Agreement Name Super Cobra State Com 8. Well Number 2H ✓ 9. OGRID Number 229137 10. Pool name or Wildcat Airstrip; Bone Spring 		
Section 13 Townson	<u>190</u> feet from the <u>South</u> line and <u>6</u> vnship <u>19S</u> Range <u>34E</u> 11. Elevation (Show whether DR, RKB, RT, GR, <u>3877'</u> GR	NMPM Lea County etc.)		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				

TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE		CHANGE PLANS MULTIPLE COMPL	COMMENCE DRILLING OPNS CASING/CEMENT JOB	s 	P AND A	
OTHER: APD Extens	ion		OTHER:			

 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.

APD EXPIRES: 05/01/2019

KZ

Spud Date:	Rig Release Date:
I hereby certify that the information above is true and of SIGNATURE MORE Register	complete to the best of my knowledge and belief.
Type or print name: <u>Mayte Reves</u> For State Use Only APPROVED BY: <u>Mayte Reves</u> Conditions of Approval (if any):	E-mail address: mreves1@conchoresources.com PHONE: (575) 748-6945 TITLE Petroleum Engineer DATE 06/10/2016