

Submit 1 Copy To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

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
October 13, 2009

SUNDRY NOTICES AND REPORTS ON WELLS		WELL API NO.
(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.)		30-025-42390
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG Operating LLC		6. State Oil & Gas Lease No.
3. Address of Operator 2208 W. Main Street, Artesia, NM 88210		7. Lease Name or Unit Agreement Name Grey Hawk State
4. Well Location Unit Letter <u>O</u> : <u>190</u> feet from the <u>South</u> line and <u>2260</u> feet from the <u>East</u> line Section <u>31</u> Township <u>21S</u> Range <u>34E</u> NMPM <u>Lea</u> County		8. Well Number 4H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3631'		9. OGRID Number 229137
		10. Pool name or Wildcat WC-025 G07 S213430M; Bone Spring

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
OTHER: <input checked="" type="checkbox"/> APD Extension	CASING/CEMENT JOB <input 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 approval for a ~~two~~ year extension to the above referenced APD.
one year

See attached C102.

APD EXPIRES: 01/30/2018

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

Mayte Reyes

TITLE: Regulatory Analyst

DATE: 11/15/2016

Type or print name: Mayte Reyes

E-mail address: mreyes1@conchoresources.com

PHONE: (575) 748-6945

For State Use Only

APPROVED BY:

TITLE

Petroleum Engineer

DATE 12/08/2016

Conditions of Approval (if any):

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87305
Phone: (505) 476-3480 Fax: (505) 476-3482

