Submit 1 Copy To Appropriate District Office	State of New Me	· -	Form C-103
District I	Energy, Minerals and Natural Resources		October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II			30-025-40854
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			Bebidas State
PROPOSALS.)		8. Well Number	
1. Type of Well: Oil Well Gas Well Other			1H
2. Name of Operator		9. OGRID Number	
COG Production LLC 3. Address of Operator		217955 10. Pool name or Wildcat	
2208 W. Main Street, Artesia, NM 88210			Cruz; Bone Spring
4. Well Location			
Unit LetterM :394 _ feet from the South line and380 feet from theWest line			
Section 16 Township 23S Range 33E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3715'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB \square
DOWNHOLE COMMINGLE			
OTHER APD Extension		OTHER:	
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 Production LLC respectfully requests approval for a 2 year extension on the above referenced APD.			
APD EXPINES 11/08/15			
212 - 12 2 - 11 / - 6/16			
A11) EXPINES 11/08/19			
Spud Date:	Rig Release Da	ite:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	TITLE:Re	gulatory Analyst	DATE: <u>9/4/2014</u>
Type or print name: Mayte Rey	es E-mail ad ores	s: mreyes1@conch	oreso rces.com PHONE: (575) 748-6945
For State Use Only			
APPROVED BY:	TITLE F	Petroleum Engin	eer DATE 29/04/14
Conditions of Approval (if any):			