Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103		
Office District <u>I</u>	Energy, Minerals and Natural Resources		October 13, 2009		
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-40858  5. Indicate Type of Lease		
District III	1220 South St. Francis Dr.		STATE STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreen	nent 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 PROPOSALS.)		Sopapilla State  8. Well Number			
1. Type of Well: Oil Well	☑ Gas Well ☐ Other		8. Well Number		
2. Name of Operator		9. OGRID Number			
COG Production LLC	Production LLC			217955	
3. Address of Operator		10. Pool name or Wildcat			
	ain Street, Artesia, NM 88210		Brinninstool; Bone Spring		
4. Well Location					
Unit Letter N : 190 feet from the South line and 2260 feet from the West line					
Section 2 Township 23S Range 33E NMPM Lea County					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3549'					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN	NTENTION TO:	SEQUENT REPORT OF:			
TEMPORARILY ABANDON	=		<del></del>	ASING [	
PULL OR ALTER CASING			_	Ш	
DOWNHOLE COMMINGLE	MOETH EE COMILE	OAGING/OLIVIEN			
		OTHER.			
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 EXPIRES 11/13/15					
17/D EXTILE 11/19/19					
Spud Date:	Rig Release Da	ate:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE	TITLE: <u>R</u> e	egulatory Analyst	DATE: 9/4/	2014	
Petroleum Engilieet   Ad a W IIV					
APPROVED BY: TITLE DATE DATE OF 1018					
Conditions of Approval (if any): SEP 0 5 2014					
		<u> </u>			