Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-40829
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STEE
District IV - (505) 476-3460	Santa Fe, NM 8750585	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	CICES AND REPORTS ON WELLS OF T	
	TICES AND REPORTS ON WELLS OCT	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Hickory 14 State
1. Type of Well: Oil Well	Gas Well  Other	8. Well Number 2
2. Name of Operator	COC Operating LLC	9. OGRID Number 229137
3. Address of Operator	COG Operating LLC	10. Pool name or Wildcat
	600 W. Illinois Ave., Midland, Tx 79701	Vacuum; Blinebry, Northeast 97021
4. Well Location		
Unit Letter M	: 330 feet from the South line and	330 feet from the West line
Section 14	Township 17S Range 35E	NMPM County LEA
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3936' GR		
12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF I	NTENTION TO:   SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		·
TEMPORARILY ABANDON		<del>-</del>
PULL OR ALTER CASING	_	T JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:  13 Describe proposed or com	APD Extension	d 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	
	a two year extension to this APD	
scheduled to expire 10/23/2014.		
MAXIMUM OF ONE EXTENSION FOR IYEAR		
	16T HINGT EXTENSE	
	19T + LAGT EXTENGIL	EXPINES
·		10/23/15
		1-111)
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 I VAN	TITLE BANKANA AND AND AND AND AND AND AND AND AND	DATE 10/08/2014
SIGNATURE OF	TITLE Regulatory Analyst	DATE 10/08/2014
Type or print name Robyn M.	Odom E-mail address: Rodom@conch	o.com PHONE: 432-685-4385
For State Use Only		
	Datalaum Basina	10/00/11
APPROVED BY:	TITLE Petroleum Engine	er DATE 10/09/14
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