| Submit 1 Copy To Appropriate District Office   | State of New Mexico                    |                                  | Form C-103   |  |
|--|--|----------------------------------|--|--|
| District I ~ (575) 393-6161  | Energy, Minerals and Natural Resources |                                  | Revised July 18, 2013  |  |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283   |  |                                  | WELL API NO.   | 40900  |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION                       |                                  | 30-025-<br>5. Indicate Type of Le  |  |
| District III – (505) 334-6178  | 1220 South St. Francis Diss OCD        |                                  | STATE  | FEE 🖂  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV – (505) 476-3460   | Santa Fe, NM                           | 87505                            | 6. State Oil & Gas Lea   |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  | ·                                      | DEC 03 2014                      | o. State on oc dus Bet   | 150 110.   |
| 87505  | ICES AND REPORTS ON WEL                | DEC 0.3 501.                     | 7 1 11   |  |
| DO NOT USE THIS FORM FOR PROPO   |  |                                  | 7. Lease Name or Uni   | Agreement Name   |
| DIFFERENT RESERVOIR. USE "APPLI  | CATION FOR PERMIT" (FORM C-10          | ) FOR SUCRECEIVED                | Pan Hea  | ad Fee   |
| PROPOSALS.)  1. Type of Well: Oil Well 🔯   |  | <b>5.</b> —                      | 8. Well Number   | 12H  |
| 2. Name of Operator  | Gas Well Other                         |                                  | 9. OGRID Number  |  |
| -  | COG Operating LLC                      | _                                | 9. OGRID Nulliber 2291   | 37   |
| 3. Address of Operator   |  |                                  | 10. Pool name or Wild  |  |
| One Concho Center, 600 W. Illinois Ave., Midland, Tx 79701   |  |                                  | Maljamar; Yeso, W  |  |
| 4. Well Location   | · · · · · · · · · · · · · · · · · · ·  |                                  |  |  |
| Unit Letter D  | : 330 feet from the No                 | rth line and 99                  | 90 feet from the   | West line  |
| Section 11   | Township 17S                           | Range 32E                        |  | County LEA   |
| Section 11   | 11. Elevation (Show whether            |                                  |  | Jounty LEA   |
| b Parket   | · ·                                    | 63' GR                           | The state of the s |  |
| Sign than 1 sept 2 to 100 to 1 |  |                                  | <b>39</b> 1 84 15.   | The state of the s |
| 12 Check   | Appropriate Box to Indicate            | Nature of Notice 1               | Papart or Other Date   |  |
| 12. Check  | Appropriate Box to mulcate             | nature of motice, i              | Report of Other Data   | 1  |
| NOTICE OF IN   | NTENTION TO:                           | SUBS                             | SEQUENT REPOR  | RT OF:   |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON 🔲                     | REMEDIAL WORK                    |  | ERING CASING   |
| TEMPORARILY ABANDON 🔝  | CHANGE PLANS                           | COMMENCE DRIL                    | _LING OPNS. □ P Af   | ND A   |
| PULL OR ALTER CASING   | MULTIPLE COMPL                         | CASING/CEMENT                    | JOB 🗌  |  |
| DOWNHOLE COMMINGLE   |  |                                  |  | !  |
| CLOSED-LOOP SYSTEM   | _                                      |                                  |  |  |
| OTHER:   | APD Extension                          | OTHER:                           |  |  |
|  | oleted operations. (Clearly state      |                                  |  |  |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  |  |                                  |  |  |
| proposed completion of re-   | completion.                            |                                  |  |  |
|  |  |                                  |  | . į  |
|  |  |                                  |  | į  |
| COG Operating LLC respectfully requests  |  |                                  |  |  |
| a two year extension to this APD   |  |                                  |  |  |
| •  | scheduled to ex                        | pire 12/26/2014                  |  |  |
|  | MAX                                    | IMILIA DALE                      | 1.4EAR EX  |  |
|  | 101/10                                 | man one                          | CALL EX  | EDGION   |
|  | (A)                                    | EXPINE                           | in bile  |  |
|  | $\mathcal{H}^{v}\mathcal{V}$           | 1111117                          | 14/20/19   | į  |
|  | . / .                                  |                                  | ŕ  |  |
|  |  |                                  |  |  |
| Spud Date: ,   | Rig Release                            | Date:                            |  |  |
|  |  |                                  |  | •  |
|  |  |                                  |  |  |
| I hereby certify that the information  | above is true and complete to th       | e best of my knowledge           | and belief.  |  |
|  |  |                                  |  | 1  |
|  | $\lambda$ .                            |                                  |  | ,  |
| SIGNATURE O  | TITLE                                  | Regulatory Analyst               | DATE_  | 12/01/2014   |
| True on maint access.  | Odom 5                                 | non Dadam Grant                  | nione nione  | 122 605 1205   |
| Type or print name Robyn M.  For State Use Only  | <u>Duom</u> E-mail addre               | ess: <u>Rodom@concho</u>         | o.com PHONE:   | 432-685-4385   |
| For State Use Only   |  |                                  | 1  | 1 1  |
| APPROVED BY:   | TITLE                                  | Petroleum Engin <mark>eer</mark> | DATE   | 12/4/14  |
| Conditions of Approval (if any):   | //                                     | ·                                |  | · ////   |
| · · · · · · · · · · · · · · · · · · ·  |  |                                  |  | Wa-  |
|  |  |                                  |  | 11 17/   |

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