Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-025-41634	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, INIVI 8	6. State Oil & Gas Lease	No.	
87505				
SUNDRY NOTICES AND REPORTS ON WELLS (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			Lease Name or Unit Agreement Name Stratosphere 36 State	
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well Gas Well Other			2H	
2. Name of Operator COG Operating LLC			9. OGRID Number 229137	
3. Address of Operator			10. Pool name or Wildca	
2208 W. Main Street, Artesia, NM 88210			Berry; Bone Spri	
4. Well Location				
Unit Letter P: 330 feet from the South line and 190 feet from the East line				
Section 36 Township 20S Range 34E NMPM Lea County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3760' GR				
	3700	UK		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				A 🗆
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			T JOB	
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 Operating LLC respectfully requests approval for a 2 year extension on the above referenced, APD.				
LAST EXTENSION EXPINES 1/29/2017				
REFORE NEW EXPIRATION MUST SUBMIT NEW APD				
The state of the s				
MUST SUBMIT RECEPTO				
Saud Date	Pin Polone D			
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.				
MOFP				
SIGNATURE		egulatory Analyst	DATE:	11/11/2015
Type or print name: Mayte Reyes E-mail address: mreyes1@conchoresources.com PHONE: (575) 748-694				
For State Use Only	Petrol	eum Engineer		11/10/15
APPROVED BY:	Early TITLE Petrol	Sinou	DATE	116/10