Energy, Minerals and Natural Resources Cotober 13, 2009	Submit I Copy To Appropriate District	State of New Mo	exico	Form C-103	
MELL API NO. Santa Fe, NM 8320 DIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 Sunpay NOTICES AND REPORTS ON WELLS St. Francis Dr. Santa Fe, NM 87505 SUNPAY NOTICES AND REPORTS ON WELLS St. Francis Dr. Santa Fe, NM 87505 SUNPAY NOTICES AND REPORTS ON WELLS St. Francis Dr. Santa Fe, NM 87505 SUNPAY NOTICES AND REPORTS ON WELLS St. Francis Dr. Santa Fe, NM 87505 SUNPAY NOTICES AND REPORTS ON WELLS St. Francis Dr. Santa Fe, NM 87505 St. Francis D	Office District I	Energy, Minerals and Nati	ural Resources		
1301 W. Grand Ave., Artes, NM 8210					
1. 1. 1. 1. 1. 1. 1. 1.		OIL CONSERVATION	DIVISION		
Santa Fe, NM 87505 Santa F					
1. Clease Name or Unit Agreement Name Syspatial State State St					
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILLO OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "PAPILACIATION FOR PREMIT" (FORM C-101) FOR SUCH 1. Type of Well: Oil Well Gas Well Other SH 9. OGRID-Number 217955 1. Address of Operator		Santa Fe, NM 8	/505	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS ON NOT USET HIS FORM FOR ROPOSALS TO BRILL OR TO DEPER NOR PILLG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well S Gas Well Other HOBBS OCD 2. Name of Operator COG Production, LLC 3. Address of Operator 2.208 W. Main Street, Artesia, NM 88210 4. Well Location Lot Number 4: 190' feet from the North line and 100' feet from the West line Section 2 Township 23S Range 33E NMMPM Lea County 11. Elevation (Show whether DR, RRB, RT, GR, etc.) 3464' 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS OTHER COMPLIANGE PLANS OTHER: APD Extension 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 year extension on the above referenced APD. C102 Attached. Future extension requests must be accompanied by Form C-102 Spud Date: Rigidatory Assistant DATE: 5/3/18 TITLE: Regulatory Assistant DATE: 5/3/18 TITLE: Regulatory Assistant DATE: 5/3/18 TITLE: Regulatory Assistant DATE: 5/3/18 DATE: 5/3/18					
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) 1. Type of Well: Oil Well		ICES AND REPORTS ON WELLS	3	7. Lease Name or Unit Agreement Name	
Section Sect	(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PL	UG BACK TO A		
1. Type of Well: Oil Well		CATION FOR PERMIT" (FORM C-101) F	OR SUCH		
2. Name of Operator		Gas Well Other	HOPPE OF		
COG Production, LLC MAY 0 3 2018 10. Pool name or Wildcat Brinninstool; Bone Spring 10. Pool name or West Income Manager 10. Pool name or West Income 10. Pool name or West Income Manager 10. Pool name or West Income Manager 10. Pool name or West Income 10. Pool name or West Income 10. Pool name or West Income 10. Pool name or W		das well Oulei	NUBBS UCI		
3. Address of Operator 10. Pool name or Wildcat 2208 W. Main Street, Artesia, NM 88210			MAY 00 0040		
A. Well Location			MAY 03 2018		
Well Location		NM 88210 '			
Lot Number			RECEIVED	7	
Section 2 Township 23S Range 33E NMPM Lea County		1001 Cont County North		Continue Wasse Unit	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3464* 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
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 CHANGE PLANS COMMENCE DRILLING OPNS. P AND A P	Section 2		Y		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A DATE: 5/3/18 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING ALTERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF AND A LATERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF AND A LATERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF AND A LATERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18		340	04		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A DATE: 5/3/18 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING ALTERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF AND A LATERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF AND A LATERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18 NOTICE OF AND A LATERING CASING COMMENCE DRILLING OPNS. PAND A DATE: 5/3/18	12 Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A	12. One of Appropriate Day to maioute fraction of frequency, Report of Other Data				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: APD Extension OTHER:	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			SEQUENT REPORT OF:	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: APD Extension OTHER: OTHER:	PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			K ☐ ALTERING CASING ☐	
DOWNHOLE COMMINGLE	TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS. P AND A	
OTHER: APD Extension OTHER: Date: Date: Date: Date: 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 year extension on the above referenced APD. C102 Attached. Future extension requests must be accompanied by Form C-102 Spud Date: Rig Release Date: Date: TITLE: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY AWAY TITLE ATAM Map DATE 5-3-18	PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	T JOB	
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 given extension on the above referenced APD. C102 Attached. Future extension requests must be accompanied by Form C-102 Spud Date: Rig Release Date: Title: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY TITLE JAJAM Mg DATE 5-3-18	DOWNHOLE COMMINGLE				
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 given extension on the above referenced APD. C102 Attached. Future extension requests must be accompanied by Form C-102 Spud Date: Rig Release Date: Title: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY TITLE JAJAM Mg DATE 5-3-18	OTHER: APD Extension		OTHER:		
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 year extension on the above referenced APD. C102 Attached. Future extension requests must be accompanied by Form C-102 Spud Date: Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SUMMENT TITLE: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY WWW MARCH TITLE May May DATE 5-3-18	OTTER. MADEAGISION		OTTLEN.		
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 year extension on the above referenced APD. C102 Attached. Future extension requests must be accompanied by Form C-102 Spud Date: Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SUMMENT TITLE: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY WWW MARCH TITLE May May DATE 5-3-18	13. Describe proposed or complete	d operations. (Clearly state all perti	nent details, and give	e pertinent dates, including estimated date of	
COG Operating LLC respectfully requests approval for a year extension on the above referenced APD. C102 Attached. Future extension requests must be accompanied by Form C-102 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 SIGNATURE TITLE: Regulatory Assistant Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY SMACH TITLE May DATE 5-3-18					
COG Operating LLC respectfully requests approval for a year extension on the above referenced APD. C102 Attached. Future extension requests must be accompanied by Form C-102 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 TITLE: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY TITLE MALL MAR DATE 5-3-18					
Future extension requests must be accompanied by Form C-102 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 SIGNATURE TITLE: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY TITLE TITL	•	(
Future extension requests must be accompanied by Form C-102 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 SIGNATURE TITLE: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY TITLE TITL	COG Operating LLC respectfully requests approval for a livear extension on the above referenced APD				
Future extension requests must be accompanied by Form C-102 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 TITLE: Regulatory Assistant Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY Sharp TITLE May DATE 5-3-18	Observing LES respections requests approved for the second of the above referenced At D.				
Future extension requests must be accompanied by Form C-102 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 TITLE: Regulatory Assistant Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY Sharp TITLE May DATE 5-3-18	C102 Attached.				
Spud Date: Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY TITLE TITLE TITLE TITLE TITLE TOTAL Mg P DATE 5-3-18					
Spud Date: Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY TITLE TITLE TITLE TITLE TITLE TOTAL Mg P DATE 5-3-18					
Spud Date: Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY TITLE TITLE TITLE TITLE TITLE TOTAL Mg P DATE 5-3-18					
Spud Date: Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SIGNATURE TITLE: Regulatory Assistant Type or print name: Genesis Vasquez For State Use Only APPROVED BY DATE: 5/3/18 TITLE: May DATE: 5-3-18	·				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SIGNATURE TITLE: Regulatory Assistant Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY DATE 5-3-18		be accompanied	by Form C-102		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SIGNATURE TITLE: Regulatory Assistant Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY DATE 5-3-18					
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SIGNATURE TITLE: Regulatory Assistant Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY DATE 5-3-18					
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SIGNATURE TITLE: Regulatory Assistant Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY DATE 5-3-18					
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SIGNATURE TITLE: Regulatory Assistant Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY DATE 5-3-18	Spud Date:	Rig Release D	late.		
SIGNATURE SUPPLY TITLE: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY Swarp TITLE Stall Mgp DATE 5-3-18	Space.	Rig Release D	atc.		
SIGNATURE SUPPLY TITLE: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY Swarp TITLE Stall Mgp DATE 5-3-18					
SIGNATURE SUPPLY TITLE: Regulatory Assistant DATE: 5/3/18 Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY Swarp TITLE Stall Mgp DATE 5-3-18					
Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY WEN Sharp TITLE Map DATE 5-3-18	I hereby certify that the information	habove is true and complete to the b	est of my knowledge	e and belief.	
Type or print name: Genesis Vasquez E-mail address: ggarzaperez@concho.com PHONE: (575) 748-6926 For State Use Only APPROVED BY WEN Sharp TITLE Map DATE 5-3-18	MOINDASA	Mrus	1	5/3/10	
APPROVED BY JOHN Sharp TITLE Stall Mgp DATE 5-3-18	SIGNATURE STOPPED	IIILE: _R	egulatory Assistant	DATE: 5/5/18	
APPROVED BY SWEEN Sharp TITLE Stall Mgp DATE 5-3-18	Type or print name: Genesis V	/asquez E-mail addres	s: ggarzaperez@con	cho.com PHONE: (575) 748-6926	
	For State Use Only	,	C .		
	APPROVED BY	1	- 11 11		
		Sharp TITLE A	Tall Map	DATE 5-3-18	