Submit 3 Copies To Appropriate District Office State of New Mexico Office France: Minerale and Nictural Passaurees	Form C-103 May 27, 2004
Energy, Minerals and Natural Resources 1625 N. French Dr. Hoobs and Natural Resources	WELL API NO. po 5
District III Orand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-045-27997 5. Indicate Type of Lease
District IV 1000 Rio Brazos RM, Apric, MAR742008 Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Hrancis for Santa fie, INM, 87505	or state on a state state.
(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	7. Lease Name or Unit Agreement Name TAURUS STATE COM
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 004
2. Name of Operator COG Operating LLC	9. OGRID Number 229137
3. Address of Operator 550 W. Texas Ave., Suite 1300 Midland, TX 79701	10. Pool name or Wildcat WILDCAT; WOLFCAMP
4. Well Location	
Unit Letter A : 660 feet from the North line and	
Section 10 Township 15S Range 31E NMPM 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	County CHAVES
4399' GR Pit or Below-grade Tank Application □ or Closure □	
Pit typeDepth to GroundwaterDistance from nearest fresh water well Distance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIP PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT OTHER: Request APD extension OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attor recompletion.	LLING OPNS. P AND A T J J J J J J J J J J J J J J J J J J
COG Operating LLC respectfully requests an extension to this APD scheduled to expire 12-14-08. May be a second of the control of the contro	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade tank has been/will be constructed or closed according to NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square .	
SIGNATURE ROOM TITLE Agent	DATE 11/14/08
Type or print name Robyn M. Odom E-mail address: rodom@conchoresource For State Use Only	NOV 1 0 2002
APPROVED BY: TITLE Conditions of Approval (if any):	ENGINEER DATE