

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? Yes No
- II. OPERATOR: COG Operating, LLC
ADDRESS: 550 West Texas, Suite 100, Midland, TX 79701
CONTACT PARTY: Mark A. Fairchild PHONE: 432-686-3021
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification. I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: Mark A. Fairchild TITLE: Senior Ops. Engineer

SIGNATURE: *Mark A. Fairchild*

DATE: 8/31/2010

E-MAIL ADDRESS: MFairchild@conchoresources.com

If the information required under Section
Please show the date and circumstances

Before the OCC

Case 14472

Case 14547

OCD Exhibit 8

ly submitted, it need not be resubmitted

INJECTION WELL DATA SHEET

OPERATOR: COG Operating, LLC _____

WELL NAME & NUMBER: Skelly Federal 28 SWD #1 (formerly Dow "B" 28 Federal #1)

WELL LOCATION: 1028.3' FSL and 1227.3' FEL _____ P _____ 28 _____ 17S _____ 31E _____
FOOTAGE LOCATION _____ UNIT LETTER _____ SECTION _____ TOWNSHIP _____ RANGE _____

WELLBORE SCHEMATIC attached at end

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 14" _____ Casing Size: 11 1/4" @ 614' _____

Cemented with: 450 _____ sx. or _____ ft³

Top of Cement: Circ. _____ Method Determined: Visual _____

Intermediate Casing

Hole Size: 11" _____ Casing Size: 8 5/8" @ 5,040' _____

Cemented with: 3000 _____ sx. or _____ ft³

Top of Cement: Circ. _____ Method Determined: Visual _____

Production Casing

Hole Size: 7 7/8" _____ Casing Size: 5 1/2" @ 12,725' _____

Cemented with: 2300 _____ sx. or _____ ft³

Top of Cement: 6900' _____ Method Determined: Unk _____

Total Depth: 12,725 _____

Injection Interval

_____ feet to _____

(Perforated or Open Hole; indicate which)

INJECTION WELL DATA SHEET

Tubing Size: 3 1/2", IPC, FJ _____ Lining Material: Industry standard plastic

Type of Packer: Neutral set w/ profile nipples _____

Packer Setting Depth: within 100' of top perforation.

Other Type of Tubing/Casing Seal (if applicable): _____

Additional Data

1. Is this a new well drilled for injection? _____ Yes _____ X _____ No

If no, for what purpose was the well originally drilled? _____

Gas production _____

2. Name of the Injection Formation: Wolfcamp _____

3. Name of Field or Pool (if applicable): N/A SWD _____

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. _____

Morrow @ 11,764' - 92' interval will be plugged upon SWD approval.

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: _____

Possible: Yeso @ ~5,700'; San Andres @ ~3,780'; Grayburg @ ~3,450'

