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		October 13, 2009 WELL API NO.
District II	OIL CONSERVATION DIVISION		30-025-41194
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 District N	Santa Fe, NM 87505		STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM			6. State Off & Gas Lease No.
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	8	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BATTR TOTOD DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Cosmo 8 State
I. Type of Well: Oil Well	Gas Well Other TA A(15 2015		3H
2. Name of Operator		\ *\\$```\\$````	9. OGRID Number
COG Operating LLC 3. Address of Operator		NPARMER	229137 10. Pool name or Wildcat
2208 W. Main Street, Artesia,	NM 88210	RECEIVED	Berry; Bone Spring, South
4. Well Location			
Unit Letter <u>L</u> : <u>2310</u> feet from the <u>South</u> line and <u>190</u> feet from the <u>West</u> line			
Section 8		inge 34E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3742'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING CMULTIPLE COMPL CASING/CEMEN			
DOWNHOLE COMMINGLE		CASING/CEMEN	
OTHER: Name Change		OTHER:	—
		Officia.	
13 Describe proposed or completer	operations (Clearly state all perti	nent datails and giv	e partinent dates including actimated date of
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 the following name change to the original APD.			
Coo operating ese respectionly requests approval for the following name change to the original Arb.			
From: Cosmo 8 State #3H			
To: Cosmo 8 State Com #3H ~~ NEW PROPERTY-LD 314093			
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Spud Date:	Rig Release D	ate:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE DATE: TITLE: Regulatory Analyst DATE:			
Type or print name: <u>Mayte Reves</u> E-mail address: <u>mreves1@conchoresources.com</u> PHONE: <u>(575) 748-6945</u> For State Use Only			
APPROVED BY:			
Conditions of Approval (if any):			