Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161	State of New M Energy, Minerals and Nati		Form C-103
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			Revised August 1, 2011 WELL API NO. 30-015-39150
811 S. First St., Artesia, NM 88210 <u>District III</u> ~ (505) 334-6178	· · · · · · · · · · · · · · · · · · ·		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE S FEE
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.
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			7. Lease Name or Unit Agreement Name
PROPOSALS.)			State 151729 3ROC 8. Well Number 8
Type of Well: Oil Well			9. OGRID Number
COG Operating LLC			229137
3. Address of Operator		10. Pool name or Wildcat	
One Concho Center - 600 W Illinois Ave Midland, TX 79701			Grayburg Jackson; 7RVRS-QS-GB-SA
4. Well Location			
Unit Letter_N:	330 feet from the SOUTH	line and1650	
Section 15	Township 17S	Range 29E	NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3567'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		REMEDIAL WOR	
TEMPORARILY ABANDON	=	COMMENCE DRI	
PULL OR ALTER CASING	<u> </u>	CASING/CEMENT	
DOWNHOLE COMMINGLE			_
OTUED A LAND	53	OTUED	Ш
OTHER: Cancel APD 13 Describe proposed or com-	nleted operations (Clearly state all	OTHER:	l give pertinent dates including estimated date
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 respectfully requests to cancel this APD due to changing wells to Horizontal.			
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			RECEIVED
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eff 8-21-12		•	AUG 2 1 2012
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			NMOCD ARTESIA
<u> </u>			
Spud Date:	Rig Release D	ate:	
<u> </u>			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
I hereby certify that the information above is true and complete to the best of my knowledge and benefit.			
[AD]		•	
SIGNATURE			
Type or print name Kelly J. Holly E-mail address: kholly@concho.com PHONE: 432-685-4384			
For State Use Only			

APPROVED BY: Conditions of Approval (if any):