Submit 1 Copy To Appropriate District Office	Engage Minoral and Natural Decomposition				Form C-103 Revised August 1, 2011		
<u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			WELL API NO. 30-015-41512			
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178				5. Indicate Typ			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			6. State Oil & 0			
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	·						
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  Lee 3 Fee			
PROPOSALS.)   1. Type of Well: Oil Well ⊠ Gas Well □ Other				8. Well Number 8H			
2. Name of Operator				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				Dayton; Grayh	urg	15960	
4. Well Location							
Unit Letter_P:	150 feet from the SOU			_feet from the _			
Section 3	Township 1		Range 26E	NMPM	County	EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3321'							
NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DOWNHOLE COMMINGLE  OTHER: Drill with closed loop  13. Describe proposed or comp of starting any proposed we proposed completion or rec  COG Operating LLC respectfully req  Spud Date:	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL  system deted operations. (Clearly sork). SEE RULE 19.15.7.1 ompletion.  uests permission to drill this	State all per 4 NMAC.	SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT OTHER: tinent details, and For Multiple Com closed loop system.	BEQUENT R LING OPNS. JOB  give pertinent depletions: Attach	EPORT OF ALTERING O P AND A	casing	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE							
Type or print name _Kelly J. Holly _ E-mail address: _kholly@concho.com _ PHONE: 432-685-4384 _ For State Use Only _ O O O							
APPROVED BY: DATE July 16 - 2013 Conditions of Approval (if any):							