

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N French Dr., Hobbs, NM 88240  
 District II  
 1301 W Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S St Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 June 19, 2008

OIL CONSERVATION DIVISION  
 1220 South 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 PROPOSALS.) 1. Type of Well Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-39665
2. Name of Operator COG Operating LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701		6. State Oil & Gas Lease No Federal Lease #NMLC028731B
4. Well Location Unit Letter G : 1760 feet from the North line and 1650 feet from the East line Section 15 Township 17S Range 29E NMPM Eddy County		7. Lease Name or Unit Agreement Name Dodd Federal Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3602' GR		8. Well Number 605
9. OGRID Number 229137		10. Pool name or Wildcat Grayburg Jackson; SR-Q-GB-SA 28509

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Pool Change <input checked="" type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**COG Operating LLC respectfully request to have this wells' pool changed from the Grayburg Jackson; SR-Q-GB-SA (28509) to the Dodd; Glorieta- Upper Yeso (97917) Per NMOCD order R-12256-A.**

Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Chasity Jackson* TITLE Regulatory Analyst DATE 4/11/12

Type or print name Chasity Jackson E-mail address: cjackson@concho.com PHONE: 432-686-3087  
**For State Use Only**

APPROVED BY: *Scott Soper* TITLE Scott Soper DATE 04/11/12  
 Conditions of Approval (if any):