

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

WELL API NO. 30-015-39669	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No Federal Lease # NMLC0028731A	
7. Lease Name or Unit Agreement Name Dodd Federal Unit	
8. Well Number 652	
9 OGRID Number 229137	
10. Pool name or Wildcat Grayburg Jackson; SR-Q-GB-SA 28509	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3551' GR	

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

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

OTHER ☐ OTHER: Pool Change ☒

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: 1/22/12 Rig Release Date: 1/29/12

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 [Signature] TITLE Dodd DATE 04/11/12
Conditions of Approval (if any):