Submit 3 Copies To Appropriate District Office	State of frew Mexico		Form C-103 June 19, 2008	
District I 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-015-39669	
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 IV	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No	
1220 S St Francis Dr., Santa Fc, NM			Federal Lease # NMLC0028731A	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFLERENT RESURVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) 1 Type of Well: Oil Well Gas Well Other			7. Lease Name or Unit Agreement Name	
			Dodd Federal Unit	
			8. Well Number	,
			652	
2. Name of Operator			9 OGRID Number	
COG Operating LLC			229137	
3 Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701			10. Pool name or Wildcat Grayburg Jackson; SR-Q-GB-SA 28509	
4. Well Location				
Unit Letter J: 2310 feet from the South line and 2148 feet from the East line				
Section 22 Township 17S Range 29E NMPM Eddy County				
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	K	SING □		
TEMPORARILY ABANDON				ā
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE				
OTHER	П	OTHER:	Pool Change	Ø
	oleted operations. (Clearly state all p	pertinent details, an	d give pertinent dates, including est	
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.				
Q GD-5/1 (2030) to the bodd, Gloricia- Opper 1630 (5/7/17) to Miloch order R-12230-A.				
Spud Date: 1/22/13	Rig Release D	ate:	1/29/12	
L.				
I hereby certify that the information	shave is true and complete to the he	et of my knowledg	a and haliaf	
Thereby certify that the anomation	above is true and complete to the be	est of my knowledg	e and benef	
$\bigcap I_{m}$				
SIGNATURE (MW/Y)	N 7171 5 7		D. 1000	
SIGNATURE 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. TILLE 191 Appendix DATE 09/11/12				
Conditions of Approval (if any):				
The state of the s			' (