Submit 3 Copies 10 Appropriate District Office District I State of New Mexico Energy, Minerals and Natural Resources	Form C-103 June 19, 2008
1625 N French Dr., Hobbs, NM 88240 District II OH. CONSERVATION DIVISION	WELL API NO. 30-015-39579
1301 W Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd , Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM 87505	Federal Lease # NMLC028793A .
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.) 1. Type of Well: Oil Well Gas Well Other	Burch Keely Unit 19 Federal 8. Well Number
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-G-SA 28509
4. Well Location Unit Letter 3: 1728 feet from the South line and 245 feet from the West line	
Section 18 Township 17S Range 30E NMPM 11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3622' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	RK
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	_
DOWNHOLE COMMINGLE	
OTHER: OTHER:	Change Property Code
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated dates 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 well's property code changed From 39113	
To 308086	1
Effective 3/01/2012	RECEIVED
· ·	APR 27 2012
	NMOCD ARTESIA
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 TITLE Regulatory Analyst DATE 04/26/12	
Type or print name Robyn M. Odom E-mail address: rodom@concho.com PHONE: 432-685-4332	
For State Use Only	/ /
APPROVED BY: TITLE DISTRICTION TITLE DISTRICTION TO THE DISTRICTION TH	DATE 05/07/2012

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