Submit 3 Copies To Appropriate District Office		State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		WELL API NO.	June 19, 2008	
1625 N French Dr , Hobbs, NM 88240 District II	OIL CONSERVATION	DIVISION		015-29955	
1301 W Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE 6. State Oil & Gas	FEE .	
1220 S St. Francis Dr , Santa Fe, NM 87505		Federal Lease # NN			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or I	Jnit Agreement Name	
(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			D 1	TT 1 TT '	
PROPOSALS.)			Burch Keely Unit 8. Well Number		
1. Type of Well: Oil Well Gas Well Other			292		
2. Name of Operator			9. OGRID Number	229137	
COG Operating LLC 3. Address of Operator			10. Pool name or Wildcat		
550 W. Texas Ave., Suite 100 Midland, TX 79701			Grayburg Jackson;	. 1	
4. Well Location	a a Marila	1265			
	feet from the NoY+h line and Township 17S Range 29				
Section 2 Township 17S Range 29 E NMPM Ed			Eddy County		
		GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
			•		
			BSEQUENT REP	_	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOFTEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			_	ALTERING CASING PAND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEME		VIAD V	
DOWNHOLE COMMINGLE			_		
OTHER:		OTHER:	Pool Change	\bowtie	
13. Describe proposed or comp	pleted operations. (Clearly state all p		nd give pertinent dates		
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
or recompletion.	·				
	ctfully request to have this w	_	•	• •	
Q-G-SA (28509) to the But	ch Keely-Glorieta-Upper Ye	eso (9/918) in	accordance with C)raer # R-1006/-E.	
		R	ECEIVED		
		2			
	•	'	JUN 0 1 2012		
		NMC	OCD ARTESIA		
			MILDIA		
	· 			 1	
Spud Date:	Rig Release Da	ate:			
I hereby certify that the information	above is true and complete to the hi	est of my knowled	lgs and haliaf		
	•	•			
SIGNATURE C	TITLELe	ead Regulatory Ar	nalystDAT	E 4/23/12	
Type or print name Kanıcia Ca	stillo E-mail address: <u>kc</u>	astillo@concho.co	om PHONE: <u>432</u>	2-685-4332	
For State Use Only	1/2 /	1.1. 4	_	JUN 06 2012	
APPROVED BY:	STUDOU TITLE G	WX15T	DAT		
Conditions of Approval (if any):		Vier /			