Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240  District II  1301 W. Grand Ave. Artesia, NM 88210  OIL CONSERVATION DIVISION	30-015-2028/
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease Federal
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 Fe, NM 87505	Federal Lease # NMLC028784B
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit 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	Burch Keely Unit
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other	8. Well Number
	241
2. Name of Operator  COG Operating LLC	9. OGRID Number 229137
3. Address of Operator	10. Pool name or Wildcat
550 W. Texas Ave., Suite 100 Midland, TX 79701	Grayburg Jackson; SR-Q-G-SA 28509
4. Well Location Unit Letter C: 330 feet from the North line and 1980 feet from the West line	
Section 30 Township 17S Range 30 E NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3613 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 WORK ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON	
DOWNHOLE COMMINGLE	1 306
OTHER:	Deal Charge
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	Pool Change
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
of recompletion.	
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COG Operating LLC respectfully request to have this well's pool changed from the Grayburg Jackson; SR-	
Q-G-SA (28509) to the Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.	
KI	ECEIVED
	JUN <b>0 1</b> 2012
NAG	OCD ADTEC
141010	OCD ARTESIA
	<del></del>
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 Lead Regulatory Analyst DATE 4/23/12	
SIGNATURE TITLE Lead Regulatory Analyst DATE 4/23/12	
Type or print name Kanicia Castillo E-mail address: kcastillo@concho.com PHONE: 432-685-4332  For State Use Only	
APPROVED BY:	DATE
Conditions of Approval (if any).	/ /