Submit 3 Copies To Appropriate District Office District I 625 N. French Dr., Hobbs, NM 88240 State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 19, 2008 WELL API NO.
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 OIL CONSERVATION 1220 South St. Francis Santa Fe, NM 87410	ncis Dr.	30-015- 33806 5. Indicate Type of Lease Federal STATE FEE 6. State Oil & Gas Lease No. Federal Lease # NMLC028784B
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 PROPOSALS) 1. Type of Well: Oil Well Gas Well Other		7. Lease Name or Unit Agreement Name Burch Keely Unit 8. Well Number
2. Name of Operator COG Operating LLC		9. OGRID Number 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 M: West line and 710 feet from the West line Section Township 17S Range 29 E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS CASING COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB CASI		
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 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. RECEIVED JUN 0 1 2012 NMOCD ARTES A		
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 L	ead Regulatory Ana	<u>lyst</u> DATE4/23/12
Type or print name Kanicia Castillo E-mail address: kc For State Use Only APPROVED BY: TITLE Conditions of Approval (if any):	astillo@concho.con	DATEDHONE:432-685-4332