Submit 3 Copies 10 Appropriate District Office	Diate of New Interies		Form C-103	
<u>District I</u> 1625 N. French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Re	esources	WELL API NO.	June 19, 2008
District II	OIL CONSERVATION DIV	ISION	30	)-015-39573
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 Fe, NM 87505		Federal Lease # NMLC028793C		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Burch Keely Unit 18 Federal	
1. Type of Well: Oil Well Gas Well Other		8. Well Number	2H	
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 1 : 1152 feet from the North line and 497 feet from the West line  Section 18 Township 17S Range 30E NMPM Eddy County				
Section 18 Township 17S Range 30E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3639' 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   CHANGE PLANS   COMMENCE DRILLING OPNS. P AND A				
PULL OR ALTER CASING				
:				,
OTHER:	OTH		Change Pro	perty Code
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 property code changed				
From 30030				
To 308086			i	RECEIVED
: 1 ·	Effective 3/01/20	)12		APR <b>27</b> 2012
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Spud Date:	Rig Release Date:			
(			<del></del>	<del></del>
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 Roby	n M. Odom E-mail address:	rodom@concl	no.com PHO	NE: <u>432-685-4332</u>
For State Use Only				
APPROVED BY Wide TITLE DISTORT DATE OF DATE OF DATE				
Conditions of Approval (if any):				<i>V</i> '