Submit 3 Copies To Appropriate District Office	Energy, Minerals and Natural Resources		Form C-103 June 19, 2008	
District I 1625 N French Dr., Hobbs, NM 88240			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015- 30453	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE F	
1000 Rio Brazos Rd, Aztec, NM 87410 District IV	2010 HA NUM X / 3013		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 Agre	eement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR			Burch Keely Unit	
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other			8. Well Number	Jnit
1. Type of well. Off well Gas well Other			290	
2. Name of Operator			9. OGRID Number	
COG Operating LLC 3. Address of Operator			229137 10. Pool name or Wildcat	
550 W. Texas Ave., Suite 100 Midland, TX 79701			Grayburg Jackson;SR-Q-G-	SA 28509
4. Well Location	1) }	ICON	6.44	
	feet from the North line and			
Section 2 (a	Township 17S Range 29 11. Elevation (Show whether DR		Eddy County	1 1
3580 GR				
12 (11-	Name	I-4	D	
12. Check A	Appropriate Box to Indicate N	ature of Notice	, Report or Other Data	
·			BSEQUENT REPORT (
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			—	G CASING ☐
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT				
DOWNHOLE COMMINGLE				
OTHER:	П	OTHER:	Pool Change	\bowtie
13. Describe proposed or comp	leted operations. (Clearly state all	pertinent details, a	nd give pertinent dates, includir	
of starting any proposed we or recompletion.	ork). SEE RULE 1103. For Multip	ole Completions: A	Attach wellbore diagram of prop	osed completion
of recompletion.	·			·
COG Operating LLC respec				
Q-G-SA (28509) to the Bur	ch Keely-Glorieta-Upper Y	eso (9/918) in a	accordance with Order #	R-10067-E.
•		BE	CEIVED	
•		J	UN 0 1 2012	
		NMC	CD ARTESIA	
Spud Date: Rig Release Date:				
I hereby certify that the information	above is true and complete to the b	est of my knowled	ge and belief.	
SIGNATURE C	TITLE L	ead Regulatory An	nalyst DATE 4/	23/12
Type or print name Kanicia Ca			om PHONE: 432-685-43	32
For State Use Only	L-man address. <u>RC</u>		432-003-43	
	March &	pollariet	n :	JUN 06 2011
APPROVED BY: (f any):	IN WINTE OF	1010/171	DATE	

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