Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II		well API NO. 30-015- 29303
1301 W Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease Federal
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr , Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
_87505		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		7. Lease Name or Unit Agreement Name
PROPOSALS.)	_	Burch Keely Unit
	Gas Well Other	8. Well Number 247
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 H: 1980	feet from the North line and 50 feet from	the EaSt line
	Township 17S Range 29 E NMPM	Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 35 X GR		
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12. Check A	Appropriate Box to Indicate Nature of Notic	e, 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		
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS COMMENCE D MULTIPLE COMPL CASING/CEME	
DOWNHOLE COMMINGLE		
OTHER: 13 Describe proposed or comp	OTHER: leted operations. (Clearly state all pertinent details,	Pool Change
	ork). SEE RULE 1103. For Multiple Completions:	
	etfully request to have this well's pool cha	
Q-G-SA (28509) to the Bur	ch Keely-Glorieta-Upper Yeso (97918) in	accordance with Order # R-10067-E.
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Spud Date:	Rig Release Date:	MICHIEL
Spud Date:	Rig Release Date:	, unitsiA
	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my knowle	dge and belief.
I hereby certify that the information SIGNATURE	above is true and complete to the best of my knowled. TITLE Lead Regulatory A	dge and belief. nalyst DATE 4/23/12
I hereby certify that the information SIGNATURE Type or print name Kanicia Ca	above is true and complete to the best of my knowled. TITLE Lead Regulatory A	dge and belief. DATE 4/23/12
I hereby certify that the information SIGNATURE	above is true and complete to the best of my knowled. TITLE Lead Regulatory A	dge and belief. nalyst DATE 4/23/12