Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103	
District I	Energy, Minerals and Natural Resources	June 19, 2008	
1625 N French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-015-38515	
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	
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
1220 S. St Francis Dr., Santa Fe, NM 87505		Federal Lease # NMLC028784B	
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Burch Keely Unit	
1. Type of Well: Oil Well	Gas Well Other	8. Well Number	
) / (
2. Name of Operator COG Operating LLC		9. OGRID Number 229137	
3. Address of Operator		10. Pool name or Wildcat	
1	e., Suite 100 Midland, TX 79701	Grayburg Jackson; SR-Q-G-SA 28509	
4. Well Location			
	feet from the North_line and LLO feet from	the East line	
Section 2.3 Township 17S Range 29 E NMPM Eddy County			
	11. Elevation (Show whether DR, RKB, RT, GR, ed		
	3403 GR		
		•	
12. Check A	Appropriate Box to Indicate Nature of Notic	e, Report or Other Data	
NOTICE OF IN	ITENTION TO:	IDSECTIONT DEDOOT OF:	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON			
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	_	
DOWNHOLE COMMINGLE	MOETH EL GOWN E GAGING/CEME		
2011111022 0011111111022			
OTHER:	☐ OTHER:	Pool Change	
	pleted operations. (Clearly state all pertinent details,		
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
or recompletion.			
	•		
COCO : IIC	46 H 44 L 43 - 113 L L		
	ctfully request to have this well's pool cha		
Q-G-SA (28509) to the Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.			
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		NMOCD ARTESIA	
		,	
Spud Date:	Rig Release Date:		
	ing residue 2 deci		
I hereby certify that the information	above is true and complete to the best of my knowle	edge and belief.	
No.			
SIGNATURE	TITLE Lead Regulatory A	nalyst 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: LOND TITLE ODOG ST DATE JUN 11 2012			
Conditions of Approval (if any):	711-51	DAIL TOUR	