Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
Energy, Minerals and Natural Resources 625 N French Dr Ross (2008) Energy, Minerals and Natural Resources		esources WELL A	June 19, 2008 PI NO	
DISTRICT II			30-015-39903	
Istrict III 1220 South St. Francis Dr		5. Indica	te Type of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410 District IV NMOCD ARTESIA Santa Fe, NM 87505			FATE FEE OIL F	
1220 S. St. Francis Disposition of NIM 87505		l l	ease # NMLC028731A	
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease	Name or Unit Agreement Name	
(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			Dodd Fodorol Unit	
PROPOSALS)		8. Well'i	Dodd Federal Unit	
1. Type of Well: Oil Well Gas Well Other		o. Wen i	667	
2. Name of Operator		9. OGRI	9. OGRID Number	
COG Operating LLC 3. Address of Operator		10 Pool	229137 10. Pool name or Wildcat	
550 W. Texas Ave., Suite 100 Midland, TX 79701			Grayburg Jackson; SR-Q-GB-SA 28509	
4. Well Location				
Unit Letter J: 2128 feet from the South line and 1360 feet from the East line				
Section 15 Township 17S Range 29E NMPM Eddy County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3599' GR				
5599 UK				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
			☐ ALTERING CASING ☐	
TEMPORARILY ABANDON				
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE				
OTHER:	ОТН		ol 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 wells' pool changed from the Grayburg Jackson; SR-				
Q-GB-SA (28509) to the Dodd; Glorieta- Upper Yeso (97917) Per NMOCD order R-12256-A.				
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Smul Detail	Pia Palasa Data F			
Spud Date: 3/22/12	Rig Release Date:	3/29/12		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
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Clarkon				
SIGNATURE CHURCH	TITLE Regulat	ory Analyst	DATE <u>5/23/12</u>	
Type or print name Chasity Jackson E-mail address: cjackson@concho.com PHONE: 432-686-3087				
For State Use Only				
APPROVED BY: 1/2 MANAGE TITLE STANDOGIST DATE 5/29/2012				
APPROVED BY: TITLE TOUGHT DATE 3 / U / UIL Conditions of Approval (ff any):				