Submit 3 Copies To Appropriate District Office <u>District I</u>	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 June 19, 2008
1625 N. French Dr , Hobbs, NM 88240 District II		WELL API NO. 30-015- 31578
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease Federal
1000 Rio Brazos Rd , Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 6, 1337 675 65	6. State Oil & Gas Lease No. 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		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS )		Burch Keely Unit 18 Federal
	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
· · ·	e., Suite 100 Midland, TX 79701	Grayburg Jackson;SR-Q-G-SA 28509
4. Well Location Unit Letter 4:585	feet from the South line and 465 feet fro	m the WeST line
Section 18 Township 17S Range 30 E NMPM Eddy County		
	11. Elevation (Show whether DR, RKB, RT, GR, GR	7
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		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEM	IENT JOB
OTHER:	OTHER:  oleted operations. (Clearly state all pertinent details	Pool Change
	ork). SEE RULE 1103. For Multiple Completions:	
COC Operating LLC rospe	ctfully request to have this well's nool ch	panged from the Grayburg Jackson: SR-
COG Operating LLC respectfully request to have this well's pool changed from the Grayburg Jackson; SR-Q-G-SA (28509) to the Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.		
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		AL SUN OILED
		2012
		ARTES
Spud Date:	Rig Release Date:	
<u> </u>		
I hereby certify that the information	above is true and complete to the best of my know	ledge and belief.
SIGNATURE	TITLE Lead Regulatory	Analyst DATE 4/23/12
Type or print name Kanicia Ca For State Use Only	E-mail address: <u>kcastıllo@concho</u>	0.com PHONE: 432-685-4332 JUN 11 2014
APPROVED BY:	Majard TITLE 600/04/57	DATE