Submit 3 Copies To Appropriate District Office	State of New Mex		Form C-103
District I 1625 N French Dr ; Hobbs, NM 88240	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015- <u>32429</u> 5. Indicate Type of Lease
<u>District III</u> 1000 R10 Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE
District IV 1220 S. St Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No. Federal Lease # NMLC028784B
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUC	G BACK TO A	7. Lease Name or Unit Agreement Name
PROPOSALS)	CATION FOR PERMIT" (FORM C-101) FOR	RSUCH	Burch Keely Unit
1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other			8. Well Number 32.6
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 4. Well Location			Grayburg Jackson;SR-Q-G-SA 28509
Unit Letter J: 1529 feet from the South line and 2053 feet from the East line			
Section 24	Township 17S Range 29 I		Eddy County
	11. Elevation (Show whether DR, 3405 G		
· 12 Chash	A conversion to Dow to Individe No		
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 CHANGE PLANS COMMENCE DR			
	MULTIPLE COMPL	CASING/CEMENT	JOB .
			:
OTHER:		OTHER:	Pool 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 well's pool changed from the Grayburg Jackson;SR-			
Q-G-SA (28509) to the Bu	rch Keely-Glorieta-Upper Ye	so (97918) in ac	ccordance with Order # R-10067-E.
		REC	
			01.2012
ł		JUN	0 1 2012
		NMOCE	ARTERIA
Spud Date:	Rig Release Da	ite:	
	·		
I hereby certify that the information	above is true and complete to the be	est of my knowledge	e and belief.
SIGNATURE	TITLE Le	ead Regulatory Ana	lystDATE4/23/12
Type or print name <u>Kanicia Castillo</u> E-mail address: <u>kcastillo@concho.com</u> PHONE: <u>432-685-4332</u>			
For State Use Only	A.	ANTER NER	
APPROVED BY:		- با مرد على التي التي التي التي التي التي التي التي	DATE 06/05/0012
- character of tapping and (in any).			· .
	•		