Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II OH. CONSED VATION DIVISION		30-015-32697	
District III OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fo. NM 87505		STATE FEE	
1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No. Federal Lease # NMLC028784B	
87505 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		_	
PROPOSALS.)		Burch Keely Unit	
1. Type of Well: Oil Well Gas Well Other		8. Well Number	
2. Name of Operator			9. OGRID Number
COG Operating LLC 3. Address of Operator			229137 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 F: 1980 feet from the North line and 1980 feet from the West line			
Section 23 Township 17S Range 29 E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
11. Elevation (Show whether DR, RAB, R1, GR, etc.) 3597 GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORTEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			
PULL OR ALTER CASING		CASING/CEMENT	
DOWNHOLE COMMINGLE			
OTHER:		OTHER:	Pool Change
13. Describe proposed or comp	oleted operations. (Clearly state all pe	rtinent details, and	d 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 Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.			
RECEIVED			
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		NMOCD	ARTESIA
Spud Date:	Rig Release Date	e:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Lead Regulatory Analyst 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: SUPERVISOR, DISTRICT II DATE 06/05/101200			
Conditions of Approval (if any):			