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		WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-0	15-32716
1301 W. Grand Ave , Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		Federal Lease # NMLC028784B		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	nit 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			Donale V color I I wit	
PROPOSALS.)			Burch Keely Unit 8. Well Number 2.11	
1. Type of Well: Oil Well Gas Well Other			341	
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;S	
4. Well Location				
_ • •	feet from the North line and			
Section 24 Township 17S Range 29 E NMPM 1 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			Eddy County	
3587 GR				
				•
12. Check A	Appropriate Box to Indicate Na	iture of Notice,	Report or Other D	ata
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				TERING CASING
TEMPORARILY ABANDON			 -	AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MOLTIFLE COMPL	CASING/CEMEN	II JOB []	
OTHER:		OTHER:	Deal Charge	521
OTHER: 13. Describe proposed or comp	eleted operations. (Clearly state all p		Pool Change 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 respe	ctfully request to have this w	ell's pool chan	ged from the Gra	yburg 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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Spud Date:	Rig Release Da	te:		
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I hereby certify that the information	above is true and complete to the be	st of my knowled	ge and belief.	
SICNATURE V		- 1 D 1 - 1 A	.1 DATE	S 4/02/10
SIGNATURE C	IIILE <u>Le</u>	ad Regulatory An	alystDATI	4/23/12
Type or print name Kanicia Ca	stillo E-mail address: <u>kca</u>	stillo@concho.co	m., PHONE: 432	685-4332_
For State Use Only	/ SUP	ERVISOR, DISTA	a - "	01/2/
APPROVED BY	U TITLE		DATI	06/05/2018
Conditions of Approval (if any):			 .	7