Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015- 2988 9 5. Indicate Type of Lease Federal
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa Fe, NM 87505		Federal Lease # NMLC028784B
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS	ALS 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 286
2. Name of Operator		9. OGRID Number
COG Operating LLC		229137
3. Address of Operator		10. Pool name or Wildcat
	., Suite 100 Midland, TX 79701	Grayburg Jackson; SR-Q-G-SA 28509
4. Well Location	C 11 21	
Unit Letter <u>J</u> : 1345	feet from the 504th line and 2615 feet from	the East line
Section \3	Township 17S Range 29 E NMPM	Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	c.)
	3622 GR	
12 (1 1 4	· · · · · · · · · · · · · · · · · · ·	D ( 04 D (
12. Check A	ppropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF IN	TENTION TO:   SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON   REMEDIAL WO	
TEMPORARILY ABANDON		RILLING OPNS. □ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	Pool Change
	eted operations. (Clearly state all pertinent details, a	
of starting any proposed wo	rk). SEE RULE 1103. For Multiple Completions: A	
or recompletion.		
	tfully request to have this well's pool cha	• • • •
Q-G-SA (28509) to the Burd	ch Keely-Glorieta-Upper Yeso (97918) in	accordance with Order # R-10067-E.
	_	0
		RECEIVED
	1	
		JUN 0 1 2012
	/ NA	MOCD
		JUN 0 1 2012 MOCD ARTESIA
Spud Date:	Rig Release Date:	
I hereby certify that the information a	above is true and complete to the best of my knowled	dge and belief.
SIGNATURE C	•	
SIGNATURE CONTRACTOR	TITLE Load Doculatory A.	nolvet DATE 4/22/12
	TITLE Lead Regulatory Ar	nalyst DATE <u>4/23/12</u>
Type or print name Kanıcia Cas		
Type or print name Kanicia Cas For State Use Only		om PHONE: 432-685-4332
For State Use Only	tillo E-mail address: kcastillo@concho.co	Om PHONE: 432-685-4332
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