Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 June 19, 2008	
District I 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II 1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION			33796
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	FEE
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	Fe, NM		Federal Lease # NMLC028784B	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit A	greement 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			D. LW. LW.	
PROPOSALS)			Burch Keely Unit  8. Well Number  377	
1. Type of Well: Oil Well				
2. Name of Operator			9. OGRID Number	
COG Operating LLC			229137 ·	
3. Address of Operator 550 W. Texas Ave., Suite 100 Midland, TX 79701			10. Pool name or Wildcat Grayburg Jackson;SR-Q-G-SA 28509	
4. Well Location				
Unit Letter E: 1895	feet from the <b>North</b> line and		he <u>WEST</u> line	
			Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3629 GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
TEMPORARILY ABANDON			<del></del>	А Ц
DOWNHOLE COMMINGLE		o, to ii to, o E, ii E		
OTHER.		OTUED.	Deal Ohama	<b>5</b> 21
OTHER:  13. Describe proposed or comp	oleted operations. (Clearly state all 1	OTHER:	Pool Change ad give pertinent dates, inclu	ding 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 v	vell's pool char	ged from the Graybu	rg Jackson;SR-
Q-G-SA (28509) to the Bur	ch Keely-Glorieta-Upper Yo	eso (9 <b>7</b> 918) in a	ccordance with Order	f # R-10067-E.
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			JUN	0 1 2012
•			NMOC	ARTESIA
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C1 D	n:, n.1,, n	,		
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE C	TITLE L	ead Regulatory An	alyst DATE	4/23/12
Type or print name Kanicia Ca	stilko E-mail address: kc	astillo@concho.co	m PHONE: 432-685-	4332
For State Use Only				
APPROVED BY:	MADUA TITLE 8)	ALDCIST	DATE	IUN 0.8 2012
Conditions of Approval (if any):	111111 00	J. J. //	DATE	