Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natu	ral Resources	WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II 1301 W Grand Ave. Artesia, NM 88210 OIL CONSERVATION DIVISION		30-015-3944)	
District III 1220 South St. Francis Dr.		5. Indicate Type of Lease Federal	
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 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Burch Keely Unit
1. Type of Well: Oil Well			8. Well Number
2. Name of Operator COG Operating LLC			9. OGRID Number 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 A: 28 I feet from the North line and 93 feet from the Last line Section 7 Township 17S Range 29 E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			<u> </u>
3645 GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN			SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			RK ☐ ALTERING CASING ☐ ☐ RILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	· —
DOWNHOLE COMMINGLE			
OTHER:	П	OTHER:	Pool Change
13. Describe proposed or comp		pertinent details, an	nd 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.			
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COG Operating LLC respectfully request to have this well's pool changed from the Grayburg Jackson;SR-			
Q-G-SA (28509) to the Bur	ch Keely-Glorieta-Upper Y	eso (97918) in a	accordance with Order # R-10067-E.
	•		RECEIVED
	,		
			JUN 0 1 2012
			NMOCD ARTESIA
Spud Date:	Rig Release D	ate:	
	<u> </u>		
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	DATE 4/23/12
Type or print name Kanicia Ca	stillo E-mail address: <u>kc</u>	astillo@concho.co	om PHONE: 432-685-4332
APPROVED BY	Man TITLE &	poplarint	DATE JUN 11 2012
APPROVED BY: (if any):	THE O	U VIUPIS I	DATE JUN 11 2012