Office	State of New Mex	XICO		Form C-103
District I	Energy, Minerals and Natur	ral Resources	TET T AND NO	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCERNATION		WELI. API NO. 30-015- 3	9578
1301 W Grand Ave , Artesia, NM 88210 District III	OIL CONSERVATION	1 5	. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410		cis Di.	STATE FEE	
District IV Santa Fe, NM 87505 1220 S St. Francis Dr., Santa Fe, NM 87505		, u	6. State Oil & Gas Lease No. Federal Lease # NMLC028784B	
production and the second seco	CES AND REPORTS ON WELLS	7	Lease Name or Unit Agr	reement 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  COG Operating LLC			9. OGRID Number 229137	
3. Address of Operator			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 4:585	feet from the South line and	465 feet from the	Wast line	
1 .3	Township 17S Range 30		ddy County	
	11. Elevation (Show whether DR,			
12 Check A	Appropriate Box to Indicate N	ature of Notice R	enort or Other Data	
	• •		•	
	ITENTION TO:  PLUG AND ABANDON □	SUBS REMEDIAL WORK	EQUENT REPORT	
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	ING OPNS.□ PAND A	NG CASING ☐		
PULL OR ALTER CASING	CHANGE PLANS   MULTIPLE COMPL	CASING/CEMENT		`
DOWNHOLE COMMINGLE	<del>-</del>			
OTHER:		OTHER:	Pool Change	
	oleted operations. (Clearly state all pork). SEE RULE 1103. For Multip			
or recompletion.	Jik). SEE ROLE 1103. 101 Multip	ie Completions. Atta	cit wendore diagram of pre	posed completion
, , , , , , , , , , , , , , , , , , ,				
	ctfully request to have this v rch Keely-Glorieta-Upper Yo			-
Q G Sit (2030) to the Bui	ch recty-Gioricia Opper 1	· · · · · ·		# <b>K</b> -10007-E3.
			RECEIVED	
			JUN 07 2012	
		NM	OCD ARTESIA	
Spud Date	Rig Release D	Pate:		
L				
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief.	
SIGNATURE	•	15	pro 1 maragem	
	TITLE I	ead Regulatory Anal	ystDATE	4/23/12
Type or print name Kapicya			<u>yst</u> DATEPHONE:432-685-4	
For State Use Only	Astillo E-mail address: ko		PHONE: 432-685-4	
				4332