Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office i ;	Energy, Minerals and Natural	Resources	June 19, 2008
1625 N French Dr , Hobbs, NM 88240 District II			L API NO.
1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION D	5 T	30-015-33807 dicate Type of Lease Federal
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis	DI.	STATE FEE
District IV	Santa Fe, NM 8750	5 6. Sta	ate Oil & Gas Lease No.
1220 S. St. Francis Dr , Santa Fe, NM 87505		Feder	ral Lease # NMLC028784B
SUNDRY NOTICE	ES AND REPORTS ON WELLS		ease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR USE "APPLICA"		· ·	
PROPOSALS)			Burch Keely Unit
1. Type of Well: Oil Well  Gas Well  Other		8. W	ell Number 2911
2. Name of Operator		0 00	GRID Number
COG Operating LLC		9. 00	229137
3. Address of Operator			Pool name or Wildcat
550 W. Texas Ave., Suite 100 Midland, TX 79701		Grayl	burg Jackson; SR-Q-G-SA 28509
4. Well Location		<u> </u>	
I .	eet from the South line and 20		line
	ownship 17S Range 29 E	NMPM Eddy	County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  3513 GR			
	9515 08		
12 Check An	propriate Box to Indicate Natu	re of Notice Repor	t or Other Data
12. Check Ap	propriate Box to marcate water	ic of Notice, Repor	t of Other Data
NOTICE OF INT		SUBSEQU	JENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			☐ ALTERING CASING ☐
		OMMENCE DRILLING ASING/CEMENT JOB	_
DOWNHOLE COMMINGLE	MOLTIFLE COMPL C	ASING/CEMENT JOB	<b>□</b> .
OTHER:		THER:	Pool Change
13. Describe proposed or completed operations. (Clearly state all pertinent details, 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.			
	•		
			om the Grayburg Jackson;SR-
Q-G-SA (28509) to the Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.			
			RECEIVED
			JUN 0 1 2012
			NMOCD ADT
	•		NMOCD ARTESIA
			-
Spud Date:	Rig Release Date:		
			<del></del>
I hereby certify that the information ab	ove is true and complete to the heat	of my Imageladae and h	aliaf
Thereby certify that the information at	iove is true and complete to the best	or my knowledge and o	ener.
SIGNATURE C	TITLE <u>Lead</u>	Regulatory Analyst	DATE <u>4/23/12</u>
Type or print name Kanicia Casti	llo E-mail address: <u>kcasti</u>	llo@concho.com P	PHONE: 432-685-4332
For State Use Only	a. 1	154	11 M 0 0 0040
APPROVED BY:		M/N/S/	JUN 08 2012
181 ROVED B1:	TITLE ()	0000	DATE DATE