Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr , Hobbs, NM 88240		WELL API NO.
<u>District II</u> 1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015- 26535
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease FEDERAL STATE FEE
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		o. State on & Gas Lease 110.
87505 SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Paine of Olit rigicollent Paine
	ATION FOR PERMIT" (FORM C-101) FOR SUCH	Dodd Federal Unit
PROPOSALS.) 1. Type of Well: Oil Well (Gas Well Other	8. Well Number
		95
2. Name of Operator		9. OGRID Number
COG Operating LLC 3. Address of Operator		229137
550 W. Texas Ave., Suite 100 Midland, TX 79701		10. Pool name or Wildcat Grayburg Jackson; SR-Q-G-SA 28509
4. Well Location		Grayburg Jackson, SIC-Q-G-SA 28505
	feet from the South line and 2360 feet from	the lales + line
		Eddy County
Section 2	11. Elevation (Show whether DR, RKB, RT, GR, etc.	, , , , , , , , , , , , , , , , , , , ,
	3543 GR	
12. Check A	ppropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF IN	TENTION TO:	DOCOLIENT DEDODT OF
NOTICE OF IN PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON REMEDIAL WO	BSEQUENT REPORT OF: RK □ ALTERING CASING □
TEMPORARILY ABANDON	— I	RK
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	_
DOWNHOLE COMMINGLE .	STORY OF CHILE	
_		
OTHER:	OTHER:	Pool Change
	eted operations. (Clearly state all pertinent details, a rk). SEE RULE 1103. For Multiple Completions: A	
or recompletion.	R). SEE ROLE 1103. For Multiple Completions. F	Attach wendore diagram of proposed completion
er recompletion.		
COG Operating LLC respec	tfully request to have this well's pool char	nged from the Grayburg Jackson;SR-
	odd-Glorieta-Upper Yeso (97917) in acco	
		RECEIVED
		JUN 2 5 2012
		NMOCD ARTESIA
		MULESIA
Sand Date.	Die Deleser Dete	,
Spud Date:	Rig Release Date:	
I hereby certify that the information a	above is true and complete to the best of my knowled	lge and helief
	·	ge and sener.
SIGNATURE	TITLELead Regulatory Ar	nalyst DATE <u>6/08/12</u>
Type or print name Variois Co-	tille E mail addresse I-seetill- @ I	. DHONE. 422 (95 4222
Type or print name Kanicia Cas For State Use Only	tillo E-mail address: kcastillo@concho.co	om PHONE: 432-685-4332
	adle bluest	Dougla Ol I
APPROVED BY:	TITLE 9	DATH 06/25/12
Conditions of Approval (if any):		