Submit 3 Copies To Appropriate District Office	State of New Mex	cico	Form C-103	
District I	Energy, Minerals and Natural Resources		June 19, 2008	
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015- 34564	
1301 W Grand Ave , Artesia, NM 88210			5. Indicate Type of Lease FEDERAL	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
<u>District IV</u> 1220 S St. Francis Dr , Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
87505				
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 Agree	ement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Dodd Federal Unit	
PROPOSALS)  1. Type of Well: Oil Well  Gas Well  Other			8. Well Number	
1. Type of Well. Off Well     Gas Well     Other			101	
2. Name of Operator			9. OGRID Number	
COG Operating LLC			229137	
3. Address of Operator  550 W. Toyos Avo. Suite 100 Midland TV 70701			10. Pool name or Wildcat	
550 W. Texas Ave., Suite 100 Midland, TX 79701			Grayburg Jackson;SR-Q-G-S	A 28509
4. Well Location	feet from the South line and I	1245	1. Gert II.	•
Unit Letter (): 1195				
Section \ Township 17S Range 29E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3639 GR				
	•			
12. Check	Appropriate Box to Indicate Na	ture of Notice,	Report or Other Data	
NOTICE OF IN	ITENITION TO:	CLID	SECULENT DEDORT OF	E.
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:  K	
TEMPORARILY ABANDON			<del></del>	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	<del></del>	
DOWNHOLE COMMINGLE				•
OTHER:		OTHER:	Pool Change	×
	oleted operations. (Clearly state all p			
	ork). SEE RULE 1103. For Multiple			
or recompletion.				
	46.11			r i cp
	ectfully request to have this w			
Q-G-SA (28509) to the	Dodd-Glorieta-Upper Yeso (	9/91/) in acco	rdance with Order # R-1	006/-E.
	,			
			RECE	IVED
			IIIN OF	0040
			JUN 2 5	2012
Spud Date: Rig Release Date:			NMQCD A	RTECIA
Space Batter				HILOIA
I hereby certify that the information	above is true and complete to the be	st of my knowledg	ge and belief.	
V · /	•			
SIGNATURE TITLE <u>Lead Regulatory Analyst</u> DATE <u>6/08/12</u>				
Type or print name Kanicia Ca	astillo E-mail address: kca	stillo@concho.cor	n PHONE: 432-685-433	2
For State Use Only				
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APPROVED BY: //4 JUL	de l'ica	115	Janua M	les !