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 District II		WELL API NO. 30-015-36180
1301 W Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr, Santa Fe, NM 87505	·	Federal Lease # NMLC028784C
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS)		Burch Keely Unit
1. Type of Well: Oil Well Gas Well Dother		8. Well Number 420
2. Name of Operator		9. OGRID Number
COG Operating LLC		229137
3. Address of Operator		10. Pool name or Wildcat
550 W. Texas Ave., Suite 100 Midland, TX 79701		Grayburg Jackson; SR-Q-GB-SA 28509
4. Well Location		
	980 feet from the North line and 330	
Section 13	Township 17S Range 29E NMPM	
	11. Elevation (Show whether DR, RKB, RT, GR, 6	etc.)
12. Check A	Appropriate Box to Indicate Nature of Notice	ee. Report or Other Data
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NOTICE OF IN		JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL W	,
TEMPORARILY ABANDON DULL OR ALTER CASING		DRILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEMI	ENI JOR 🖂
DOWNHOLE COMMINGLE		i.
OTHER:	☐ OTHER:	Pool Change
	eted operations. (Clearly state all pertinent details,	
or starting any proposed wo or recompletion.	rk). SEE RULE 1103. For Multiple Completions:	Attach wellbore diagram of proposed completion
or recompletion.		
COG Operating LLC respec	tfully request to have this wells' pool cha	anged from the Grayburg Jackson: SR-
	Burch Keely; Glorieta- Upper Yeso (979	
		.,
CPOade 05/24/12	, d	RECEIVED
Accepted for recor	ū	land When he
141000		MAY 04 2012
Spud Date:	Dig Pologo Data	NMOCĎ ARTES'A
2/20/12	Rig Release Date:	2/27/12
I hereby certify that the information a	above is true and complete to the best of my knowle	edge and belief
		and contin
O 3.4	2	
SIGNATURE () ()	TITLE Regulatory Analy	
SIGNATURE COMMENT	IIILE Regulatory Analy	<u>st</u> <u>DATE</u> <u>5/2/12</u>
Type or print name Chasity Jack	son E-mail address: cjackson@concho.	com PHONE: 432-686-3087
For State Use Only		
ADDROVED DV.	THE P	5 4 77 7
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE
Conditions of Approval Citation:		

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