Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.	
District II	OIL GONGERMATION DIVIGION		30-015-32712	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease Federal	
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	00 Rio Brazos Rd , Aztec, NM 87410		STATE FI 6. State Oil & Gas Lease N	EE L
1220 S St Francis Dr , Santa Fe, NM 87505		Federal Lease # NMLC028		
SUNDRY NOTICES 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			D 1 1 1	**
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well Gas Well Other			344	
2. Name of Operator			9. OGRID Number	
COG Operating LLC 3. Address of Operator			229137 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 N: 635 feet from the South line and 980 feet from the West line				
Section 24 Township 17S Range 29 E NMPM Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3587 GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				NG CASING 🗌
TEMPORARILY ABANDON				4 📙
DOWNHOLE COMMINGLE				
OTHER:	П	OTHER:	Pool Change	\boxtimes
13. Describe proposed or comp	pleted operations. (Clearly state all 1	pertinent details, an	d give pertinent dates, includ	ing estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompletion.				
	ctfully request to have this v	_	•	•
Q-G-SA (28509) to the Burch Keely-Glorieta-Upper Yeso (97918) in accordance with Order # R-10067-E.				
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			JUN 01	2012
			NIAGO	2012
,			PECEI JUN 01 NMOCD AR	TESIA
Spud Date:	Rig Release D	nto:		
Spud Date.		ate.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE C	TITLE L	ead Regulatory An	alystDATE	4/23/12
Type or print name Kanicia Ca	stillo E-mail address: kc	astillo@concho.co	m PHONE: <u>432-685-4</u>	332_
For State Use Only		-		
APPROVED BY:	TITLE SUPE	RVISOR, DISTRIC	DATE OF	105/2012
Conditions of Approval (if any):				1/